AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2016
INTRODUCTORY MATERIALS

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AMA
AMERICAN MEDICAL ASSOCIATION

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t (312) 464-5000

February 9, 2015

Marilyn B.Tavenner
Administrator
Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: RUC Recommendations

Dear Ms. Tavenner:

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare and Medicaid Services (CMS). These recommendations relate to new and revised codes for *CPT 2016* as well as to existing services identified by the RUC's Relativity Assessment Workgroup and CMS. If implemented, the RUC recommendations should result in a positive adjustment to the Medicare conversion factor. We understand that CMS intends to publish consideration of these recommendations, along with RUC recommendations submitted on October 6, 2014, in a July 2015 Proposed Rule.

The RUC convened a productive strategic session on the CMS decision to transition from 010 and 090 day surgical post-operative bundled payment to same-day only payment (000 day). The RUC's recommendations related to this transition will be sent under separate cover by early March.

CPT 2016 New and Revised Codes
Enclosed are binders containing RUC recommendations, including those for new and revised CPT codes. The RUC considered 69 new/revised/related family CPT codes at the January 2015 meeting.

- The RUC requested that 12 new/revised CPT codes be referred back to the CPT Editorial Panel.
- The RUC requested that 14 new new/revised codes be surveyed for the April 2015 meeting.

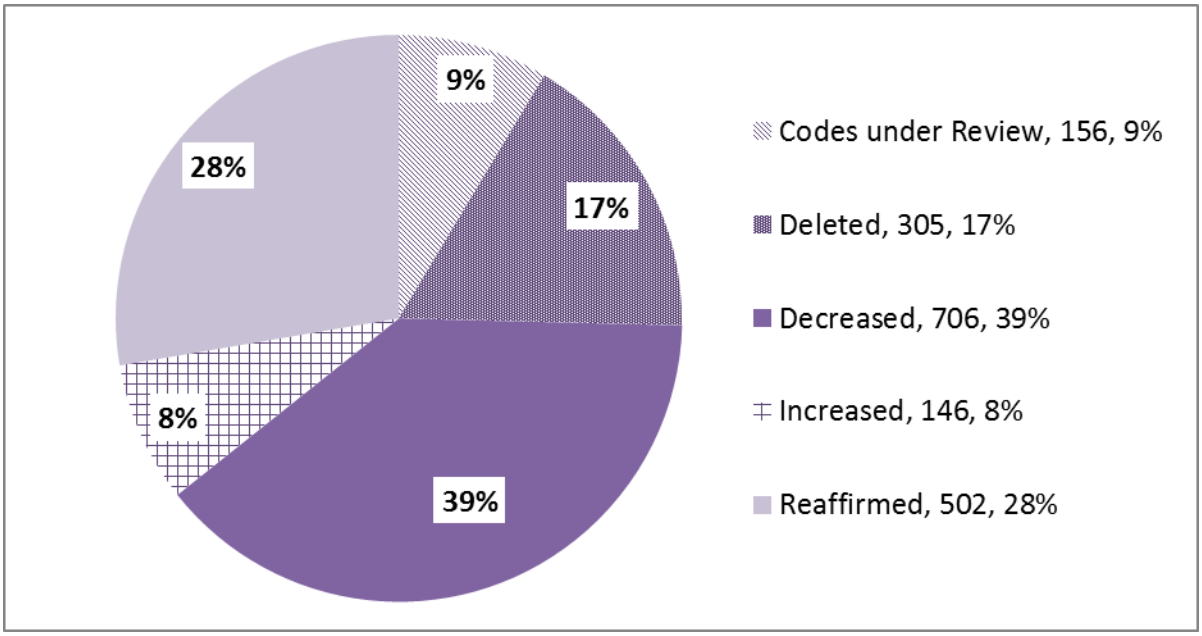
The RUC submits work value and/or practice expense inputs for 43 new/revised/related family CPT codes.

Existing Services Identified by RUC and CMS for Review
In addition to the new/revised CPT code submission, the RUC submits recommendations for 24 services identified by the RUC or CMS as potentially misvalued and reviewed at the January 2015 RUC meeting. For 8 codes, the RUC recommends work relative values; 7 codes will be reviewed at the April 2015 RUC meeting; and 9 codes are referred to the CPT Editorial Panel.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 1,815 potentially misvalued services through objective screening criteria and has completed review of 1,659 of these services. The RUC has recommended that nearly half of the services identified be decreased or deleted (Table 1). The RUC has worked vigorously over the past several years to identify and address misvaluations in the RBRVS through provision of revised physician

time data and resource recommendations to CMS. The RUC looks forward to working with CMS on a concerted effort to address potentially misvalued services. *A detailed report of the RUC's progress is appended to this letter.*



Enclosed Recommendations and Supporting Materials:

Included in these binders and on the enclosed CD are:

- RUC Recommendation Status Report for New and Revised Codes

- RUC Recommendation Status Report for 1,815 services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued. In addition, a spreadsheet containing the codes specific to this submission is included.

- RUC Referrals to the CPT Editorial Panel – both for CPT nomenclature revisions and *CPT Assistant* articles.

- Physician Time File: A list of the physician time data for each of the CPT codes reviewed at the January 2015 RUC meeting.

- Pre-Service and Post-Service Time Packages Definitions: The RUC developed physician pre-service and post-service time packages which have been incorporated into these recommendations. The intent of these packages is to streamline the RUC review process as well as create standard pre-service and post-service time data for all codes reviewed by the RUC.

- PLI Crosswalk Table: The RUC has committed to selecting appropriate professional liability insurance crosswalks for new and revised codes and existing codes under review. We have provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy

reference. We hope that the provision of this table will assist CMS in reviewing and implementing the RUC recommendations.

- Source Code Utilization Crosswalk Table – A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2016 conversion factor increase.

- New Technology List and Flow Chart – In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 497 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

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

Sincerely,

Barbara Levy, MD

Enclosures

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

RUC Participants

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AMERICAN MEDICAL ASSOCIATION

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February 9, 2015

Marilyn B. Tavenner
Administrator
Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: HCPAC Recommendations

Dear Ms. Tavenner:

The RUC Health Care Professionals Advisory Committee (HCPAC) Review Board submits the enclosed recommendation to the Centers for Medicare and Medicaid Services (CMS). At the January 2015 meeting, the HCPAC reviewed one issue, Excision of Nail Bed (CPT codes 11750 and 11752).

The RUC and HCPAC are fully committed to this ongoing effort to improve relativity in the work, practice expense, and professional liability insurance values. The HCPAC appreciates the opportunity to provide recommendations related to the 2016 Medicare Physician Payment Schedule. If you have any questions regarding this submission, please contact Maurine Dennis via (202) 789-7497 or Maurine.Dennis@ama-assn.org at the AMA for clarification regarding these recommendations.

Sincerely,

William J. Mangold, Jr, MD
HCPAC Chair

Anthony W. Hamm, D.C.

Anthony Hamm, DC
HCPAC Co-Chair

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

Attachments

CPT 2016 RUC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0099T	XXX	D	May14	22	Intrastomal Corneal Ring Implantation		Jan2015	11					☐	Category III	☐
0103T	XXX	D	May14	26	Cat III Sundown		Deleted						☐	Category III	☐
0123T	XXX	D	May14	26	Cat III Sundown		Deleted						☐	Category III	☐
0182T	XXX	D	Oct14	29	Surface Radionuclide High Dose Rate Brachytherapy		Jan15	16					☐	Category III	☐
01XXXT	XXX	N	Oct14	29	Surface Radionuclide High Dose Rate Brachytherapy		Jan15	16					☐	Category III	☐
0223T	XXX	D	May14	26	Cat III Sundown		Deleted						☐	Category III	☐
0224T	XXX	D	May14	26	Cat III Sundown		Deleted						☐	Category III	☐
0225T	XXX	D	May14	26	Cat III Sundown		Deleted						☐	Category III	☐
0233T	XXX	D	May14	26	Cat III Sundown		Deleted						☐	Category III	☐
0240T	YYY	D	May14	26	Cat III Sundown		Deleted						☐	Category III	☐
0241T	YYY	D	May14	26	Cat III Sundown		Deleted						☐	Category III	☐
0243T	YYY	D	May14	26	Cat III Sundown		Deleted						☐	Category III	☐
0244T	YYY	D	May14	26	Cat III Sundown		Deleted						☐	Category III	☐
0262T	YYY	D	Oct14	11	Transcatheter Pulmonary Valve Implantation		Jan15	6					☐	Category III	☐
02XXXT	XXX	N	Oct14	29	Surface Radionuclide High Dose Rate Brachytherapy		Jan15	16					☐	Category III	☐
0378TX	XXX	N	May14	25	External Heart Rate Data Recording								☐	Category III	☐
0378TX0	XXX	N	May14	25	External Heart Rate Data Recording								☐	Category III	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0378TX01	XXX	N	May14	25	External Heart Rate Data Recording								☐	Category III	☐
)378TX01)	XXX	N	May14	25	External Heart Rate Data Recording								☐	Category III	☐
0378TX0X	XXX	N	May14	25	External Heart Rate Data Recording								☐	Category III	☐
0378TX1	XXX	N	May14	25	External Heart Rate Data Recording								☐	Category III	☐
0XX1T	XXX	N	May14	27	Transcatheter Leadless Pacemaker Procedures								☐	Category III	☐
0XX2T	XXX	N	May14	27	Transcatheter Leadless Pacemaker Procedures								☐	Category III	☐
0XX3T	XXX	N	May14	27	Transcatheter Leadless Pacemaker Procedures								☐	Category III	☐
0XX4T	XXX	N	May14	27	Transcatheter Leadless Pacemaker Procedures								☐	Category III	☐
0XX5T	XXX	N	May14	27	Transcatheter Leadless Pacemaker Procedures								☐	Category III	☐
21805	090	D	Oct14	7	Open Treatment Rib Fracture without Fixation		Deleted						☑		☐
3160X1	000	N	Oct14	10	Endobronchial Ultrasound (EBUS)	E3	Jan15	5	ATS, CHEST	5.00	5.00		☑		☑
3160X2	000	N	Oct14	10	Endobronchial Ultrasound (EBUS)	E4	Jan15	5	ATS, CHEST	5.50	5.50		☑		☑
3160X3	ZZZ	N	Oct14	10	Endobronchial Ultrasound (EBUS)	E9	Jan15	5	ATS, CHEST	1.70	1.70		☑		☑
31620	ZZZ	D	Oct14	10	Endobronchial Ultrasound (EBUS)		Jan15	5					☑		☐
31622	000	F	Oct14	10	Endobronchial Ultrasound (EBUS)	E2	Jan15	5	ATS, CHEST	2.78	2.78	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
31625	000	F	Oct14	10	Endobronchial Ultrasound (EBUS)	E5	Jan15	5	ATS, CHEST	3.36	3.36	Yes	☑		☐
31626	000	F	Oct14	10	Endobronchial Ultrasound (EBUS)	E6	Jan15	5	ATS, CHEST	4.16	4.16	Yes	☑		☐
31628	000	F	Oct14	10	Endobronchial Ultrasound (EBUS)	E7	Jan15	5	ATS, CHEST	3.80	3.80	Yes	☑		☐
31629	000	F	Oct14	10	Endobronchial Ultrasound (EBUS)	E8	Jan15	5	ATS, CHEST	4.09	4.00		☑		☐
31632	ZZZ	F	Oct14	10	Endobronchial Ultrasound (EBUS)	E10	Jan15	5	ATS, CHEST	1.03	1.03	Yes	☑		☐
31633	ZZZ	F	Oct14	10	Endobronchial Ultrasound (EBUS)	E11	Jan15	5	ATS, CHEST	1.32	1.32	Yes	☑		☐
3347X1	000	N	Oct14	11	Transcatheter Pulmonary Valve Implantation	F1	Jan15	6	ACC, SCAI	28.00	25.00		☑		☑
37250	ZZZ	D	Oct14	13	Intravascular Ultrasound		Jan15	7					☑		☐
37251	ZZZ	D	Oct14	13	Intravascular Ultrasound		Jan15	7					☑		☐
3725X1	ZZZ	N	Oct14	13	Intravascular Ultrasound	G1	Jan15	7	ACC, SCAI, SIR, SVS	1.80	1.80		☑		☐
3725X2	ZZZ	N	Oct14	13	Intravascular Ultrasound	G2	Jan15	7	ACC, SCAI, SIR, SVS	1.44	1.44		☑		☐
39400	010	D	Oct14	14	Mediastinoscopy with Biopsy		Jan15	8					☑		☐
3940X1	000	N	Oct14	14	Mediastinoscopy with Biopsy	H1	Jan15	8	STS	5.44	5.44		☑		☐
3940X2	000	N	Oct14	14	Mediastinoscopy with Biopsy	H2	Jan15	8	STS	7.50	7.50		☑		☐
4328X1T	XXX	N	Oct14	15	Esophageal Sphincter Augmentation								☐	Category III	☐
4328X2T	XXX	N	Oct14	15	Esophageal Sphincter Augmentation								☐	Category III	☐
47136	090	D	Oct14	17	Heterotopic Liver Allotransplantation		Deleted						☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
47560	000	D	May14	11	Laparoscopic Transhepatic Cholangiography		Deleted						☑		☐
47561	000	D	May14	11	Laparoscopic Transhepatic Cholangiography		Deleted						☑		☐
50387	000	R	Oct14	18	Genitourinary Catheter Procedures		Jan15	9					☑		☐
50392	000	D	Oct14	18	Genitourinary Catheter Procedures		Jan15	9					☑		☐
50393	000	D	Oct14	18	Genitourinary Catheter Procedures		Jan15	9					☑		☐
50394	000	D	Oct14	18	Genitourinary Catheter Procedures		Jan15	9					☑		☐
50395	000	F	Oct14	18	Genitourinary Catheter Procedures	I2	Jan15	9					☑	Refer to CPT	☐
50398	000	D	Oct14	18	Genitourinary Catheter Procedures		Jan15	9					☑		☐
5039X1	000	N	Oct14	18	Genitourinary Catheter Procedures	I4	Jan15	9	SIR, ACR	3.15	3.15		☑		☑
5039X13	000	N	Oct14	18	Genitourinary Catheter Procedures	I8	Jan15	9	SIR, ACR	4.20	4.20		☑		☑
5039X2	000	N	Oct14	18	Genitourinary Catheter Procedures	I5	Jan15	9	SIR, ACR	1.42	1.42		☑		☑
5039X3	000	N	Oct14	18	Genitourinary Catheter Procedures	I6	Jan15	9	SIR, ACR	4.70	4.70		☑		☑
5039X4	000	N	Oct14	18	Genitourinary Catheter Procedures	I7	Jan15	9	SIR, ACR	5.75	5.75		☑		☑
5039X5	000	N	Oct14	18	Genitourinary Catheter Procedures	I9	Jan15	9	SIR, ACR	2.27	2.00		☑		☑
5069X7	000	N	Oct14	18	Genitourinary Catheter Procedures	I11	Jan15	9	SIR, ACR	4.60	4.60		☑		☑
5069X8	000	N	Oct14	18	Genitourinary Catheter Procedures	I12	Jan15	9	SIR, ACR	6.30	6.00		☑		☑
5069X9	000	N	Oct14	18	Genitourinary Catheter Procedures	I13	Jan15	9	SIR, ACR	7.55	7.55		☑		☑
506XX6	ZZZ	N	Oct14	18	Genitourinary Catheter Procedures	I10	Jan15	9					☑	Refer to CPT	☑
507XX11	ZZZ	N	Oct14	18	Genitourinary Catheter Procedures	I14	Jan15	9					☑	Refer to CPT	☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
507XX12	ZZZ	N	Oct14	18	Genitourinary Catheter Procedures	I15	Jan15	9					☑	Refer to CPT	☑
5443X1	090	N	Oct14	20	Penile Trauma Repair	J1	Jan15	10	AUA	14.00	11.50		☑		☐
5443X2	090	N	Oct14	20	Penile Trauma Repair	J2	Jan15	10	AUA	24.50	24.50		☑		☐
657XX7	090	N	Oct14	22	Intrastomal Corneal Ring Implantation	K1	Jan15	11	AAO	6.25	5.93		☑		☑
67101	090	R	Oct14	23	Scleral Buckling Retinal Detachment Repair	L1	Apr15						☑		☐
67105	090	R	Oct14	23	Scleral Buckling Retinal Detachment Repair	L2	Apr15						☑		☐
67107	090	R	Oct14	23	Scleral Buckling Retinal Detachment Repair	L3							☑		☐
67108	090	R	Oct14	23	Scleral Buckling Retinal Detachment Repair	L4	Apr15						☑		☐
67110	090	F	Oct14	23	Scleral Buckling Retinal Detachment Repair	L5	Apr15						☑		☐
67112	090	D	Oct14	23	Scleral Buckling Retinal Detachment Repair		Apr15						☑		☐
67113	090	R	Oct14	23	Scleral Buckling Retinal Detachment Repair	L6	Apr15						☑		☐
692XXX	000	N	Oct14	24	Cerumen Removal	M1	Jan15	13					☑	PE Inputs Recommendations Only	☐
70373	XXX	D	Oct14	25	Laryngography Radiological S&I		Deleted						☑		☐
72010	XXX	D	Oct14	26	Radiologic Exam - Spinal Curvature and Instability		Jan15	14					☑		☐
72069	XXX	D	Oct14	26	Radiologic Exam - Spinal Curvature and Instability		Jan15	14					☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
72080	XXX	R	Oct14	26	Radiologic Exam - Spinal Curvature and Instability		Jan15	14					☑		☐
7208X1	XXX	N	Oct14	26	Radiologic Exam - Spinal Curvature and Instability	N1	Jan15	14	ACR, ASNR, AAOS	0.30	0.30		☑		☐
7208X2	XXX	N	Oct14	26	Radiologic Exam - Spinal Curvature and Instability	N2	Jan15	14	ACR, ASNR, AAOS	0.35	0.35		☑		☐
7208X3	XXX	N	Oct14	26	Radiologic Exam - Spinal Curvature and Instability	N3	Jan15	14	ACR, ASNR, AAOS	0.39	0.39		☑		☐
7208X4	XXX	N	Oct14	26	Radiologic Exam - Spinal Curvature and Instability	N4	Jan15	14	ACR, ASNR, AAOS	0.45	0.45		☑		☐
72090	XXX	D	Oct14	26	Radiologic Exam - Spinal Curvature and Instability		Jan15	14					☑		☐
73500	XXX	D	Oct14	27	Radiologic Exam Hip and Pelvis		Deleted						☑		☐
7350X1	XXX	N	Oct14	27	Radiologic Exam Hip and Pelvis	O1	Apr15						☑		☐
7350X2	XXX	N	Oct14	27	Radiologic Exam Hip and Pelvis	O2	Apr15						☑		☐
7350X3	XXX	N	Oct14	27	Radiologic Exam Hip and Pelvis	O3	Apr15						☑		☐
73510	XXX	D	Oct14	27	Radiologic Exam Hip and Pelvis		Deleted						☑		☐
73520	XXX	D	Oct14	27	Radiologic Exam Hip and Pelvis		Apr15						☑		☐
7352X1	XXX	N	Oct14	27	Radiologic Exam Hip and Pelvis	O4	Apr15						☑		☐
7352X2	XXX	N	Oct14	27	Radiologic Exam Hip and Pelvis	O5	Apr15						☑		☐
7352X3	XXX	N	Oct14	27	Radiologic Exam Hip and Pelvis	O6	Apr15						☑		☐
73530	XXX	D	Oct14	27	Radiologic Exam Hip and Pelvis		Deleted						☑		☐
73540	XXX	D	Oct14	27	Radiologic Exam Hip and Pelvis		Deleted						☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
73550	XXX	D	Oct14	27	Radiologic Exam Hip and Pelvis		Deleted						☑		☐
7355X1	XXX	N	Oct14	27	Radiologic Exam Hip and Pelvis	O7	Apr15						☑		☐
7355X2	XXX	N	Oct14	27	Radiologic Exam Hip and Pelvis	O8	Apr15						☑		☐
74425	XXX	F	Oct14	18	Genitourinary Catheter Procedures	I16	Jan15	9					☑	April 2015	☐
74475	XXX	D	Oct14	18	Genitourinary Catheter Procedures		Jan15	9					☑		☐
74480	XXX	D	Oct14	18	Genitourinary Catheter Procedures		Jan15	9					☑		☐
75945	XXX	D	Oct14	13	Intravascular Ultrasound		Jan15	7					☑		☐
75946	ZZZ	D	Oct14	13	Intravascular Ultrasound		Jan15	7					☑		☐
77295	XXX	F	Oct14	29	Surface Radionuclide High Dose Rate Brachytherapy	P1	Jan15	16					☑	Reaffirm RUC recommendation from Jan 2013 meeting	☐
77300	XXX	F	Oct14	29	Surface Radionuclide High Dose Rate Brachytherapy	P2	Jan15	16					☑	Reaffirm RUC recommendation from April 2014 meeting	☐
77785	XXX	D	Oct14	29	Surface Radionuclide High Dose Rate Brachytherapy		Jan15	16					☑		☐
77786	XXX	D	Oct14	29	Surface Radionuclide High Dose Rate Brachytherapy		Jan15	16					☑		☐
77787	XXX	D	Oct14	29	Surface Radionuclide High Dose Rate Brachytherapy		Jan15	16					☑		☐
77789	000	R	Oct14	29	Surface Radionuclide High Dose Rate Brachytherapy		Jan15	16					☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
7778X1	XXX	N	Oct14	29	Surface Radionuclide High Dose Rate Brachytherapy	P3	Jan15	16	ACRO, ASTRO	1.05	1.05		☑		☐
7778X2	XXX	N	Oct14	29	Surface Radionuclide High Dose Rate Brachytherapy	P4	Jan15	16	ACRO, ASTRO	1.40	1.40		☑		☐
7778X3	XXX	N	Oct14	29	Surface Radionuclide High Dose Rate Brachytherapy	P5	Jan15	16	ACRO, ASTRO	1.95	1.95		☑		☐
7778X4	XXX	N	Oct14	29	Surface Radionuclide High Dose Rate Brachytherapy	P6	Jan15	16	ACRO, ASTRO	3.80	3.80		☑		☐
7778X5	XXX	N	Oct14	29	Surface Radionuclide High Dose Rate Brachytherapy	P7	Jan15	16	ACRO, ASTRO	5.40	5.40		☑		☐
81210	XXX	R	Oct14	30	Molecular Pathology		CLFS						☐		☐
81275	XXX	R	Oct14	31	Molecular Pathology Update HUGO Nomenclature		CLFS						☐		☐
8127X6	XXX	N	Oct14	36	Molecular Pathology		CLFS						☐		☐
812XX0	XXX	N	Oct14	40	Molecular Pathology		CLFS						☐		☐
812XX3	XXX	N	Oct14	41	Molecular Pathology		CLFS						☐		☐
812XX7	XXX	N	Oct14	37	Molecular Pathology		CLFS						☐		☐
812XX8	XXX	N	Oct14	38	Molecular Pathology		CLFS						☐		☐
812XX9	XXX	N	Oct14	39	Molecular Pathology		CLFS						☐		☐
81355	XXX	R	Oct14	32	WKORC1		CLFS						☐		☐
813XXX	XXX	N	Oct14	40	KIT Tier 2 to Tier1		CLFS						☐		☐
81401	XXX	R	Oct14	31	Molecular Pathology Update HUGO Nomenclature		CLFS						☐		☐
81402	XXX	R	Oct14	41	Molecular Pathology		CLFS						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
81403	XXX	R	Oct14	36	Molecular Pathology		CLFS						☐		☐
81404	XXX	R	Oct14	39	KIT Tier 2 to Tier1		CLFS						☐		☐
81405	XXX	R	Oct14	31	Molecular Pathology Update HUGO Nomenclature		CLFS						☐		☐
81406	XXX	R	Oct14	31	Molecular Pathology Update HUGO Nomenclature		CLFS						☐		☐
88346	XXX	R	Oct14	45	Immunofluorescent Studies	Q1	Jan15	17	ASC, CAP	0.74	0.74		☑		☐
88347	XXX	D	Oct14	45	Immunofluorescent Studies		Jan15	17					☑		☐
8835X0	ZZZ	N	Oct14	45	Immunofluorescent Studies	Q2	Jan15	17	ASC, CAP	0.70	0.70		☑		☐
90632	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90633	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90634	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90644	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90647	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90648	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90649	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
9064XX1	XXX	N	Oct14	46	Meningococcal Serogroup B (4CMenB) Vaccine		Vaccine						☐		☐
90650	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90653	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90655	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90656	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
90657	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90658	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90660	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90661	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90662	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90664	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90666	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90667	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90668	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90669	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90670	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90672	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90673	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90680	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90681	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90685	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90686	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90687	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90688	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
90696	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90698	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
906XX1	XXX	R	May14	22	DTaP-IPV●Hib●HepB Combination Vaccine		Vaccine						☐		☐
90702	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90714	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90716	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90720	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90721	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90732	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90733	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90734	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90736	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90739	XXX	R	May14	21	ACIP Vaccine Abbreviations		Vaccine						☐		☐
9073X1	XXX	N	Oct14	47	Meningococcal Serogroup B (MenB) Vaccine		Vaccine						☐		☐
90740	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90743	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90744	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90746	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
90747	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
90748	XXX	R	Oct14	6	ACIP Vaccine Abbreviations		Vaccine						☐		☐
92543	XXX	D	Oct14	54	Vestibular Caloric Irrigation		Jan15	18					☑		☐
9254X1	XXX	N	Oct14	54	Vestibular Caloric Irrigation	R1	Jan15	18	AAO-HNS, ASHA, AAN, Audiology	0.80	0.80		☑		☐
9254X2	XXX	N	Oct14	54	Vestibular Caloric Irrigation	R2	Jan15	18	AAO-HNS, ASHA, AAN, Audiology	0.55	0.55		☑		☐
94640	XXX	R	Oct14	66	Inhalation Treatment		Editorial						☑		☐
99174	XXX	R	May14	24	Instrument-Based Ocular Screening	C1	Oct14	8	AAO, AAP				☑	PE Inputs Recommendations Only	☐
99176X	XXX	N	May14	24	Instrument-Based Ocular Screening	C2	Oct14	8	AAO,AAP				☑	PE Inputs Recommendations Only	☐
99354	XXX	R	May14	8	Office or Other Outpatient Observation		Oct14	9		1.77	1.77	Yes	☑		☐
99355	XXX	R	May14	8	Office or Other Outpatient Observation		Oct14	9		1.77	1.77	Yes	☑		☐
9935XX1	ZZZ	N	May14	8	Office or Other Outpatient Observation	A1	Oct14	9	ACP				☑	PE Inputs Recommendations Only	☐
9935XX2	ZZZ	N	May14	8	Office or Other Outpatient Observation	A2	Oct14	9	ACP				☑	PE Inputs Recommendations Only	☐

RUC Recommendations for CMS Requests and Relativity Assessment Identified Codes

CPT Code	Descriptor	RUC Recommendation	CMS Request for Final Rule	010-Day Global Post Operative Visits	090-Day Global Post Operative Visits
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	1.99		X	
11752	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx	Refer to CPT		X	
20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)	3.73		X	
20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)	Survey for April 2015		X	
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	Survey for April 2015			X
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	Survey for April 2015			X
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	Survey for April 2015			X
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)	Refer to CPT			X
28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	Refer to CPT			X
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant	Refer to CPT			X
28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)	Refer to CPT			X
28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	Refer to CPT			X
28297	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure	Refer to CPT			X
28298	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy	Refer to CPT			X
28299	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy	Refer to CPT			X

RUC Recommendations for CMS Requests and Relativity Assessment Identified Codes

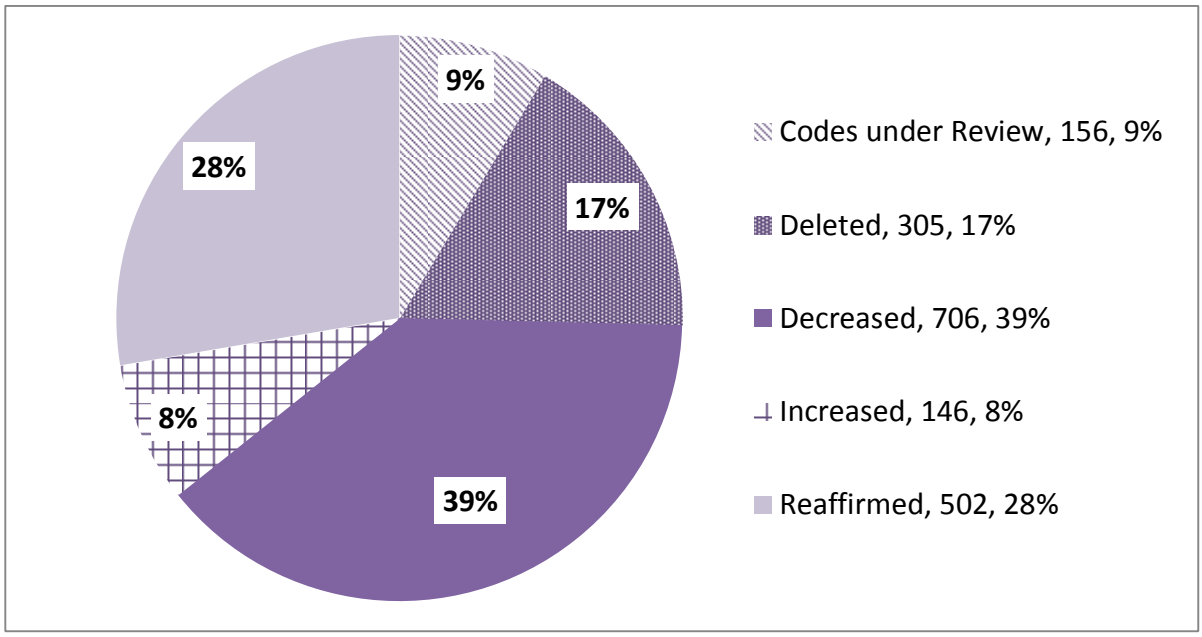
CPT Code	Descriptor	RUC Recommendation	CMS Request for Final Rule	010-Day Global Post Operative Visits	090-Day Global Post Operative Visits
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	Survey for April 2015	X		
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Survey for April 2015	X		
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Survey for April 2015			X
68801	Dilation of lacrimal punctum, with or without irrigation	1.00		X	
68810	Probing of nasolacrimal duct, with or without irrigation	1.54		X	
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	2.03		X	
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	3.00		X	
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	2.35		X	
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	0.85	X		

The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified over 1,800 services through 15 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the "new technology" list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, are examining 1,815 potentially misvalued services accounting for $39 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,011 services, redistributing more than $3.5 billion. Here are the outcomes for the committee's review of 1,815 codes:

Potentially Misvalued Services Project



Source: American Medical Association

New Technology

As the RUC identifies new technology services that should be re-reviewed, a list of these services is maintained and forwarded to CMS. Currently, codes are identified as new technology based on recommendations from the appropriate specialty society and consensus among RUC members at the time of the RUC review for these services. RUC members consider several factors to evaluate potential new technology services, including: recent FDA-approval, newness or novelty of the service, use of an existing service in a new or novel way, and migration of the service from a Category III to Category I CPT® code. The Relativity Assessment Workgroup maintains and develops all standards and procedures associated with the list, which currently contains 497 services. In September 2010, the re-review cycle began and since then the RUC has recommended 21 services to be re-examined. The remaining services

are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 250 services every September after three years of Medicare claims data is available for each service.

Methodology Improvements

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

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

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

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

Site of Service Anomalies

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

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

Of the remaining 65 services that were not re-surveyed, the RUC modified the discharge day management for 46 services, maintained three codes and removed two codes from the screen as the typical patient was not a Medicare beneficiary and would be an inpatient. The CPT® Editorial Panel deleted 13 codes and the RUC will re-review one service in the CPT® 2016 cycle. The RUC will reassess the data each year going forward to determine if any new site of service anomalies arise.

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

High Volume Growth

The Workgroup assembled a list of all services with a total Medicare utilization of 1,000 or more that have increased by at least 100% from 2004 through 2006. The query initially resulted in the identification of 81 services, but was expanded by 15 services to include the family of services, totaling 96 services.

Specialty societies submitted comments to the Workgroup in April 2008 to provide rationales for the growth in reporting. Following this review, the RUC required the specialties to survey 35 services to capture the appropriate work effort and/or direct practice expense inputs. These services were reviewed by the RUC between February 2009 and April 2010.

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

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services and expanded to 58 services to include the appropriate family of services. The RUC recommended removing three services from the screen as the volume growth did not impact the resources required to provide these services. The RUC referred nine services to the CPT® Editorial Panel for revision and recommended review of five services after an additional two years of utilization data is collected. The CPT® Editorial Panel deleted six codes and the RUC submitted recommendations for 35 services for the 2015-2016 Medicare Physician Payment Schedule.

CMS Fastest Growing

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

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

High IWPUT

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

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

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

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

Harvard Valued

Utilization over 1 Million

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

Utilization over 100,000

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

Utilization over 30,000

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

Medicare Allowed Charges >$10 million

In June 2012, CMS identified 16 services that were Harvard valued with annual allowed charges (2011 data) > $10 million. The RUC expanded this screen to 33 services to include the proper family of services. The RUC removed two services from review as the allowed charges are approximately $1 million and did not meet the screen criteria. The CPT® Editorial Panel deleted one service. The RUC submitted recommendations for 29 services for the 2013-2015 Medicare Physician Payment Schedules. The RUC will review one remaining service after additional utilization data is available.

CMS/Other

Utilization over 500,000

In April 2011, the RUC identified 410 codes with a source of "CMS/Other." CMS/Other codes are services which were not reviewed by the Harvard studies or the RUC and were either gap filled, most often via crosswalk by CMS or were part of a radiology fee schedule. "CMS/Other" source codes would not have been flagged in the Harvard only screens, therefore the RUC recommended that a list of all CMS/Other codes be developed and reviewed. The RUC established the threshold for CMS/Other source codes with Medicare utilization of 500,000 or more, which resulted in 19 codes. The RUC expanded this screen to 21 services to include the proper family of services. The CPT® Editorial Panel deleted one service and will review two services for CPT® 2016. The RUC submitted recommendations for 16 services for the 2013-2015 Medicare Physician Payment Schedules. The RUC removed one service from the screen and will review one service after additional utilization data is available.

Utilization over 250,000
In April 2013, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 250,000 or more, which resulted in 26 services and was expanded to 45 services to include the family of services. The CPT Editorial Panel deleted five codes identified under this screen. The RUC referred 12 services to the CPT® Editorial Panel and submitted 28 recommendations to CMS for the 2015 and 2016 Medicare Physician Payment Schedules.

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

Reported 75% or More Together
In February 2010, the Workgroup continued review of services provided on the same day by the same provider, this time lowering the threshold to 75% or more together. The Relativity Assessment Workgroup again analyzed the Medicare claims data and found 151 code pairs which met the threshold. The Workgroup then collected these code pairs into similar "groups" to ensure that the entire family of services would be coordinated under one code bundling proposal. The grouping effort resulted in 20 code groups, totaling 80 codes, and were sent to specialty societies to solicit action plans for consideration at the April 2010 RUC meeting. Resulting from the Relativity Assessment Workgroup review, 81 additional codes were added for review as part of the family of services to ensure duplication of work and practice expense was mitigated throughout the entire set of services. Of the 161 total codes under review, the CPT® Editorial Panel deleted 33 individual component codes and replaced the component coding with 127 new and/or revised codes that described the bundles of services. The CPT® Editorial Panel and the RUC are currently working on one service and expect to complete this screen for final implementation in the 2016 Medicare Physician Payment Schedule.

In August 2011, the Joint CPT®/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its third cycle of analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 30 code pair groups and recommended code bundling for 64 individual codes. In October 2012, the CPT® Editorial Panel started the review of code bundling solutions. Of the 148 total codes under review, the CPT® Editorial Panel deleted 48 services and is scheduled to review 34 codes in the 2016 cycle. The RUC has submitted 66 code recommendations for the 2014-2016 Medicare Physician Payment Schedules.

In January 2015, the Joint CPT/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its fourth cycle analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 8 code pair groups and recommended code bundling for 12 individual codes.

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

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

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

Multi-Specialty Points of Comparison List
CMS requested that services on the Multi-Specialty Points of Comparison (MPC) list should be reviewed. CMS prioritized the review of the MPC list to 33 codes, ranking the codes by allowed service units and charges based on CY 2009 claims data as well as those services reviewed by the RUC more than six years ago. The RUC expanded the list to 182 services to include additional codes as part of a family (over 100 of these codes are part of the review of GI endoscopy codes). The CPT® Editorial Panel deleted 25 codes. The RUC submitted recommendations for 157 codes for the 2012-2015 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

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

The RUC reviewed the 70 services identified and expanded the list to 149 services to include additional codes as part of the family. The CPT® Editorial Panel deleted 14 codes and will review four codes for the 2016 cycle. The RUC submitted 130 recommendations to CMS for the 2013-2016 Medicare Physician Payment Schedules will review utilization data for one service after additional data is available.

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

Pre-Time Analysis
In January 2014, the RUC reviewed codes that were RUC reviewed prior to April 2008, with pre-time greater than pre-time package 4 *Facility - Difficult Patient/Difficult Procedure* (63 minutes) for services with 2012 Medicare Utilization over 10,000. The screen identified 19 services with more pre-service time

than the longest standardized pre-service package and was expanded to 24 to include additional codes as part of the family. The RUC reviewed these services and referred three services to the CPT® Editorial Panel for revision. The CPT Editorial Panel deleted one service. The RUC reviewed 18 services and noted that they were all originally valued by magnitude estimation and therefore readjustments in pre-service time categories did not alter the work values. Additionally, crosswalk references for each service were presented validating the pre-time adjustments. The RUC noted that this screen was useful, however did not reveal any large outliers and therefore the utilization threshold does not need to be lowered to identify more services. The RUC submitted 20 recommendations for the 2016 Medicare Physician Payment Schedule.

Post-Operative Visits

010-Day Global Codes

In January 2014, the RUC reviewed all 477, 010-day global codes to determine any outliers. Many 010-day global period services only include one post-operative office visit. The Relativity Assessment Workgroup pared down the list to 19 services with >1.5 office visits and 2012 Medicare utilization > 1,000. The RUC reviewed the 19 services, which was expanded to 21 services for additional codes in the family of services, identified via this screen. The RUC submitted recommendations for 18 services for the 2015-2016 Medicare Physician Payment Schedule and specialty societies will survey the remaining three services for the RUC to review and submit recommendations to CMS for the 2016 Medicare Physician Payment Schedule.

090-Day Global Codes

In January 2014, the RUC reviewed all 3,788, 090-day global codes to determine any outliers. Based on 2012 Medicare utilization data, 10 services were identified, that were reported at least 1,000 times per year and included more than six office visits. The RUC expanded the services identified in this screen to 21 to include additional codes as part of the family. The RUC submitted recommendations for three services for the 2015-2016 Medicare Physician Payment Schedule, referred six services to CPT® Editorial Panel for revision or deletion and the specialty societies will survey the remaining 12 services for the RUC to review and submit recommendations to CMS for the 2016 Medicare Physician Payment Schedule.

Public Comment Requests

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

Final Rule for 2013

In the Final Rule for the 2013 Medicare Physician Payment Schedule, the public and CMS identified 35 potentially misvalued services, which was expanded to 38 services to include the entire code family. The RUC reviewed these services and recommended that eight services be removed from review as two G-codes lacked specialty society interest and six services are not potentially misvalued since there is no reliable way to determine an incremental difference from open thoracotomy to thorascopic procedures. The RUC submitted recommendations for 25 services for the 2014-2016 Medicare Physician Payment Schedules. The RUC referred three services to the CPT® Editorial Panel for revision and will review two services after additional utilization data is available.

Final Rule for 2014

CMS did not receive any publicly nominated potentially misvalued codes for inclusion in the Proposed Rule for 2014. To broaden participation in the process of identifying potentially misvalued codes, CMS sought the input of Medicare contractor medical directors (CMDs). The CMDs have identified over a dozen services which CMS is proposing as potentially misvalued. The RUC reviewed these services and

appropriate families, totaling 88 services, at the October 2013 RUC meeting and noted that two services identified were recently reviewed and recommendations were submitted for the 2014 Medicare Payment Schedule. The RUC referred three services to the CPT® Editorial Panel for consideration to delete. The RUC submitted recommendations to CMS for 82 services for the 2015 and 2016 Medicare Physician Payment Schedules and will review one service after additional data is available.

Final Rule for 2015
In the Final Rule for 2015 the public and CMS nominated 26 services as potentially misvalued. The RUC will review these services for the 2016 Medicare Physician Payment Schedule.

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

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

CMS Requests and RUC Relativity Assessment Workgroup Code Status

Total Number of Codes Identified*	**1,815**
Codes Completed	**1,659**
Work and PE Maintained	502
Work Increased	146
Work Decreased	589
Direct Practice Expense Revised (beyond work changes)	117
Deleted from CPT®	305
Codes Under Review	**156**
Referred to CPT® Editorial Panel	54
RUC to Review April 2015	80
RUC future review after additional data obtained	22

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

The RUC's efforts for 2009-2015 have resulted in $3.5 billion for redistribution within the Medicare Physician Payment Schedule.

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2013 Medicare Utilization:** 21,755

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **201 Fac PE RVU:** 0.00

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

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

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

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACR, SIR, CAP, ACR, ASC **First Identified:** October 2008 **2013 Medicare Utilization:** 189,399

2007 Work RVU: 1.27 **2015 Work RVU:** 1.27
2007 NF PE RVU: 2.41 **2015 NF PE RVU:** 2.60
2007 Fac PE RVU 0.4 **201 Fac PE RVU:** 0.48

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

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

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

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

2007 Work RVU: **2015 Work RVU:** 3.00
2007 NF PE RVU: **2015 NF PE RVU:** 18.76
2007 Fac PE RVU **201 Fac PE RVU:** 1.17

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 485,698

2007 Work RVU: 1.19 **2015 Work RVU:** 1.22
2007 NF PE RVU: 1.29 **2015 NF PE RVU:** 1.97
2007 Fac PE RVU 0.97 **201 Fac PE RVU:** 1.42

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2013 Medicare Utilization:** 181,626

2007 Work RVU: 2.42 **2015 Work RVU:** 2.45
2007 NF PE RVU: 1.89 **2015 NF PE RVU:** 3.10
2007 Fac PE RVU 1.51 **201 Fac PE RVU:** 2.38

RUC Recommendation: 2.45 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

10120 **Incision and removal of foreign body, subcutaneous tissues; simple**

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

Most Recent RUC Meeting: September 2011 **Tab** 12 **Specialty Developing Recommendation:** APMA, AAFP **First Identified:** April 2011 **2013 Medicare Utilization:** 41,625

2007 Work RVU: 1.23 **2015 Work RVU:** 1.22
2007 NF PE RVU: 2.12 **2015 NF PE RVU:** 2.95
2007 Fac PE RVU 0.97 **201 Fac PE RVU:** 1.59

RUC Recommendation: 1.25 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

10180 **Incision and drainage, complex, postoperative wound infection**

Global: 010 **Issue:** **Screen:** RUC identified when reviewing comparison codes **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** January 2013 **2013 Medicare Utilization:** 12,904

2007 Work RVU: 2.27 **2015 Work RVU:** 2.30
2007 NF PE RVU: 3.06 **2015 NF PE RVU:** 4.19
2007 Fac PE RVU 1.94 **201 Fac PE RVU:** 2.33

RUC Recommendation: Remove from re-review **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

11040 **Deleted from CPT**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2013 Medicare Utilization:**

2007 Work RVU: 0.50 **2015 Work RVU:**
2007 NF PE RVU: 0.56 **2015 NF PE RVU:**
2007 Fac PE RVU 0.2 **201 Fac PE RVU:**

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

11041 **Deleted from CPT**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2013 Medicare Utilization:**

2007 Work RVU: 0.60 **2015 Work RVU:**
2007 NF PE RVU: 0.68 **2015 NF PE RVU:**
2007 Fac PE RVU 0.3 **201 Fac PE RVU:**

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

11042 **Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less**

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2013 Medicare Utilization:** 1,444,609

2007 Work RVU: 0.80 **2015 Work RVU:** 1.01
2007 NF PE RVU: 0.97 **2015 NF PE RVU:** 2.18
2007 Fac PE RVU 0.39 **201 Fac PE RVU:** 0.64

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

Status Report: CMS Requests and Relativity Assessment Issues

11043 **Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less**

Global: 000 **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2013 Medicare Utilization:** 224,156

2007 Work RVU: 3.04 **2015 Work RVU:** 2.70
2007 NF PE RVU: 3.45 **2015 NF PE RVU:** 3.38
2007 Fac PE RVU 2.62 **201 Fac PE RVU:** 1.37

RUC Recommendation: 3.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease

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

11044 **Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less**

Global: 000 **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2013 Medicare Utilization:** 59,878

2007 Work RVU: 4.11 **2015 Work RVU:** 4.10
2007 NF PE RVU: 4.58 **2015 NF PE RVU:** 4.19
2007 Fac PE RVU 3.73 **201 Fac PE RVU:** 1.91

RUC Recommendation: 4.56 **CPT Action (if applicable):** October 2009 **Result:** Increase

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

11045 **Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2013 Medicare Utilization:** 256,836

2007 Work RVU: **2015 Work RVU:** 0.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.60
2007 Fac PE RVU **201 Fac PE RVU:** 0.18

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2013 Medicare Utilization:** 112,894

2007 Work RVU: **2015 Work RVU:** 1.03
2007 NF PE RVU: **2015 NF PE RVU:** 0.87
2007 Fac PE RVU **201 Fac PE RVU:** 0.40

RUC Recommendation: 1.29 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2013 Medicare Utilization:** 25,950

2007 Work RVU: **2015 Work RVU:** 1.80
2007 NF PE RVU: **2015 NF PE RVU:** 1.39
2007 Fac PE RVU **201 Fac PE RVU:** 0.72

RUC Recommendation: 2.00 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2013 Medicare Utilization:** 909,831

2007 Work RVU: 0.43 **2015 Work RVU:** 0.35
2007 NF PE RVU: 0.63 **2015 NF PE RVU:** 0.98
2007 Fac PE RVU 0.16 **201 Fac PE RVU:** 0.09

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2012 **Tab** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2013 Medicare Utilization:** 1,951,175

2007 Work RVU: 0.61 **2015 Work RVU:** 0.50
2007 NF PE RVU: 0.7 **2015 NF PE RVU:** 1.12
2007 Fac PE RVU 0.22 **201 Fac PE RVU:** 0.12

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

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

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

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

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2013 Medicare Utilization:** 374,573

2007 Work RVU: 0.79 **2015 Work RVU:** 0.65
2007 NF PE RVU: 0.81 **2015 NF PE RVU:** 1.16
2007 Fac PE RVU 0.28 **201 Fac PE RVU:** 0.16

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

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

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

Global: 000 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2013 Medicare Utilization:** 3,073,321

2007 Work RVU: 0.81 **2015 Work RVU:** 0.81
2007 NF PE RVU: 1.41 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU 0.38 **201 Fac PE RVU:** 0.48

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: ZZZ **Issue:** **Screen:** Low Value Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2013 Medicare Utilization:** 1,347,402

2007 Work RVU: 0.41 **2015 Work RVU:** 0.41
2007 NF PE RVU: 0.35 **2015 NF PE RVU:** 0.46
2007 Fac PE RVU 0.2 **201 Fac PE RVU:** 0.25

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Medicare Utilization:** 92,204

2007 Work RVU: 0.51 **2015 Work RVU:** 0.60
2007 NF PE RVU: 1.04 **2015 NF PE RVU:** 2.07
2007 Fac PE RVU 0.21 **201 Fac PE RVU:** 0.33

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Medicare Utilization:** 181,661

2007 Work RVU: 0.85 **2015 Work RVU:** 0.90
2007 NF PE RVU: 1.21 **2015 NF PE RVU:** 2.37
2007 Fac PE RVU 0.38 **201 Fac PE RVU:** 0.52

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Medicare Utilization:** 110,540

2007 Work RVU: 1.05 **2015 Work RVU:** 1.05
2007 NF PE RVU: 1.42 **2015 NF PE RVU:** 2.79
2007 Fac PE RVU 0.47 **201 Fac PE RVU:** 0.61

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Medicare Utilization:** 15,720

2007 Work RVU: 1.24 **2015 Work RVU:** 1.25
2007 NF PE RVU: 1.69 **2015 NF PE RVU:** 2.98
2007 Fac PE RVU 0.53 **201 Fac PE RVU:** 0.71

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Medicare Utilization:** 114,391

2007 Work RVU: 0.67 **2015 Work RVU:** 0.80
2007 NF PE RVU: 0.91 **2015 NF PE RVU:** 1.92
2007 Fac PE RVU 0.26 **201 Fac PE RVU:** 0.25

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Medicare Utilization:** 98,777

2007 Work RVU: 0.99 **2015 Work RVU:** 0.96
2007 NF PE RVU: 1.18 **2015 NF PE RVU:** 2.37
2007 Fac PE RVU 0.41 **201 Fac PE RVU:** 0.42

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Medicare Utilization:** 52,681

2007 Work RVU: 1.14 **2015 Work RVU:** 1.20
2007 NF PE RVU: 1.4 **2015 NF PE RVU:** 2.71
2007 Fac PE RVU 0.49 **201 Fac PE RVU:** 0.56

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Medicare Utilization:** 13,811

2007 Work RVU: 1.41 **2015 Work RVU:** 1.46
2007 NF PE RVU: 1.53 **2015 NF PE RVU:** 2.66
2007 Fac PE RVU 0.58 **201 Fac PE RVU:** 0.51

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Medicare Utilization:** 81,900

2007 Work RVU: 0.73 **2015 Work RVU:** 0.80
2007 NF PE RVU: 1.18 **2015 NF PE RVU:** 2.30
2007 Fac PE RVU 0.32 **201 Fac PE RVU:** 0.45

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Medicare Utilization:** 110,425

2007 Work RVU: 1.05 **2015 Work RVU:** 1.10
2007 NF PE RVU: 1.34 **2015 NF PE RVU:** 1.90
2007 Fac PE RVU 0.49 **201 Fac PE RVU:** 0.64

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2012

2013 Medicare Utilization: 52,506

2007 Work RVU: 1.20 **2015 Work RVU:** 1.30
2007 NF PE RVU: 1.55 **2015 NF PE RVU:** 3.05
2007 Fac PE RVU 0.56 **201 Fac PE RVU:** 0.76

RUC Recommendation: 1.80

CPT Action (if applicable):

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

Result: Increase

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

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

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

First Identified: January 2012

2013 Medicare Utilization: 6,046

2007 Work RVU: 1.62 **2015 Work RVU:** 1.68
2007 NF PE RVU: 1.9 **2015 NF PE RVU:** 3.32
2007 Fac PE RVU 0.73 **201 Fac PE RVU:** 0.96

RUC Recommendation: 2.00

CPT Action (if applicable):

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

Result: Increase

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

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

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

First Identified: October 2010

2013 Medicare Utilization: 1,372,329

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2015 NF PE RVU:** 0.21
2007 Fac PE RVU 0.07 **201 Fac PE RVU:** 0.04

RUC Recommendation: 0.17

CPT Action (if applicable):

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

Result: Maintain

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

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

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

First Identified:

2013 Medicare Utilization: 2,308,594

2007 Work RVU: 0.32 **2015 Work RVU:** 0.32
2007 NF PE RVU: 0.37 **2015 NF PE RVU:** 0.57
2007 Fac PE RVU 0.11 **201 Fac PE RVU:** 0.08

RUC Recommendation: 0.32 (Interim)

CPT Action (if applicable):

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: October 2010 **2013 Medicare Utilization:** 7,481,438

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 0.47 **2015 NF PE RVU:** 0.69
2007 Fac PE RVU 0.2 **201 Fac PE RVU:** 0.13

RUC Recommendation: 0.54 (Interim)

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

Result: Maintain

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

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

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

First Identified: January 2014 **2013 Medicare Utilization:** 221,559

2007 Work RVU: 2.40 **2015 Work RVU:** 2.50
2007 NF PE RVU: 2.37 **2015 NF PE RVU:** 3.62
2007 Fac PE RVU 1.79 **201 Fac PE RVU:** 2.26

RUC Recommendation: 1.99

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

Result: Decrease

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

Global: 010 **Issue:** Excision of Nail Bed - HCPAC **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

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

First Identified: January 2014 **2013 Medicare Utilization:** 1,801

2007 Work RVU: 3.48 **2015 Work RVU:** 3.63
2007 NF PE RVU: 3.28 **2015 NF PE RVU:** 5.14
2007 Fac PE RVU 2.95 **201 Fac PE RVU:** 3.45

RUC Recommendation: Refer to CPT

CPT Action (if applicable): CPT 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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

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

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

First Identified: October 2009 **2013 Medicare Utilization:** 184,842

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 0.72 **2015 NF PE RVU:** 0.98
2007 Fac PE RVU 0.22 **201 Fac PE RVU:** 0.31

RUC Recommendation: 0.52

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: February 2010 **2013 Medicare Utilization:** 61,575

2007 Work RVU: 0.80 **2015 Work RVU:** 0.80
2007 NF PE RVU: 0.75 **2015 NF PE RVU:** 1.07
2007 Fac PE RVU 0.37 **201 Fac PE RVU:** 0.48

RUC Recommendation: 0.80

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

Result: Maintain

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

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

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

First Identified: April 2013 **2013 Medicare Utilization:** 31,800

2007 Work RVU: 1.48 **2015 Work RVU:** 1.10
2007 NF PE RVU: 1.1 **2015 NF PE RVU:** 1.44
2007 Fac PE RVU 0.55 **201 Fac PE RVU:** 0.39

RUC Recommendation: 1.10

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

Result: Decrease

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

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

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

First Identified: June 2008 **2013 Medicare Utilization:** 13,018

2007 Work RVU: 1.48 **2015 Work RVU:** 1.48
2007 NF PE RVU: 1.76 **2015 NF PE RVU:** 2.26
2007 Fac PE RVU 0.66 **201 Fac PE RVU:** 0.64

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

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

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

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2013 Medicare Utilization:** 3,752

2007 Work RVU: 1.78 **2015 Work RVU:** 1.78
2007 NF PE RVU: 1.97 **2015 NF PE RVU:** 2.45
2007 Fac PE RVU 0.81 **201 Fac PE RVU:** 0.80

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2013 Medicare Utilization:** 3,359

2007 Work RVU: 3.30 **2015 Work RVU:** 3.30
2007 NF PE RVU: 2.38 **2015 NF PE RVU:** 2.58
2007 Fac PE RVU 1.44 **201 Fac PE RVU:** 1.26

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2013 Medicare Utilization:** 184,924

2007 Work RVU: 1.72 **2015 Work RVU:** 0.84
2007 NF PE RVU: 1.92 **2015 NF PE RVU:** 1.58
2007 Fac PE RVU 0.76 **201 Fac PE RVU:** 0.32

RUC Recommendation: 0.84 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2013 Medicare Utilization:** 143,522

2007 Work RVU: 1.88 **2015 Work RVU:** 1.14
2007 NF PE RVU: 1.98 **2015 NF PE RVU:** 1.79
2007 Fac PE RVU 0.89 **201 Fac PE RVU:** 0.38

RUC Recommendation: 1.14 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Medicare Utilization:** 22,078

2007 Work RVU: 2.26 **2015 Work RVU:** 1.44
2007 NF PE RVU: 2.26 **2015 NF PE RVU:** 1.99
2007 Fac PE RVU 0.99 **201 Fac PE RVU:** 0.45

RUC Recommendation: 1.44 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Medicare Utilization:** 5,900

2007 Work RVU: 2.88 **2015 Work RVU:** 1.97
2007 NF PE RVU: 2.75 **2015 NF PE RVU:** 2.46
2007 Fac PE RVU 1.17 **201 Fac PE RVU:** 0.58

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Medicare Utilization:** 1,134

2007 Work RVU: 3.68 **2015 Work RVU:** 2.39
2007 NF PE RVU: 3.3 **2015 NF PE RVU:** 2.90
2007 Fac PE RVU 1.46 **201 Fac PE RVU:** 0.71

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Medicare Utilization:** 432

2007 Work RVU: 4.13 **2015 Work RVU:** 2.90
2007 NF PE RVU: 3.71 **2015 NF PE RVU:** 3.19
2007 Fac PE RVU 1.73 **201 Fac PE RVU:** 0.93

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Medicare Utilization:** 89,350

2007 Work RVU: 1.78 **2015 Work RVU:** 1.07
2007 NF PE RVU: 2.07 **2015 NF PE RVU:** 1.88
2007 Fac PE RVU 0.78 **201 Fac PE RVU:** 0.36

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Medicare Utilization:** 51,748

2007 Work RVU: 2.01 **2015 Work RVU:** 1.22
2007 NF PE RVU: 2.22 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU 0.92 **201 Fac PE RVU:** 0.39

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Medicare Utilization:** 6,735

2007 Work RVU: 2.48 **2015 Work RVU:** 1.57
2007 NF PE RVU: 2.5 **2015 NF PE RVU:** 2.22
2007 Fac PE RVU 1.04 **201 Fac PE RVU:** 0.46

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Medicare Utilization:** 3,402

2007 Work RVU: 3.21 **2015 Work RVU:** 1.98
2007 NF PE RVU: 3.04 **2015 NF PE RVU:** 2.59
2007 Fac PE RVU 1.22 **201 Fac PE RVU:** 0.55

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Medicare Utilization:** 502

2007 Work RVU: 3.94 **2015 Work RVU:** 2.68
2007 NF PE RVU: 3.45 **2015 NF PE RVU:** 2.96
2007 Fac PE RVU 1.47 **201 Fac PE RVU:** 0.74

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Medicare Utilization:** 69

2007 Work RVU: 4.72 **2015 Work RVU:** 3.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.79 **201 Fac PE RVU:** 0.71

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Medicare Utilization:** 40

2007 Work RVU: 5.54 **2015 Work RVU:** 3.61
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.19 **201 Fac PE RVU:** 0.79

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 56,814

2007 Work RVU: 2.17 **2015 Work RVU:** 2.00
2007 NF PE RVU: 2.69 **2015 NF PE RVU:** 4.39
2007 Fac PE RVU 1.17 **201 Fac PE RVU:** 2.09

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA

First Identified: October 2009 **2013 Medicare Utilization:** 219,920

2007 Work RVU: 2.49 **2015 Work RVU:** 2.52
2007 NF PE RVU: 4.19 **2015 NF PE RVU:** 5.67
2007 Fac PE RVU 1.92 **201 Fac PE RVU:** 2.71

RUC Recommendation: 2.52

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

Result: Maintain

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA

First Identified: February 2010 **2013 Medicare Utilization:** 22,143

2007 Work RVU: 2.94 **2015 Work RVU:** 2.97
2007 NF PE RVU: 3.54 **2015 NF PE RVU:** 5.37
2007 Fac PE RVU 1.59 **201 Fac PE RVU:** 2.50

RUC Recommendation: 2.97

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

Result: Maintain

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA

First Identified: February 2010 **2013 Medicare Utilization:** 4,673

2007 Work RVU: 3.44 **2015 Work RVU:** 3.50
2007 NF PE RVU: 5.21 **2015 NF PE RVU:** 6.71
2007 Fac PE RVU 2.14 **201 Fac PE RVU:** 2.81

RUC Recommendation: 3.60

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 1,040

2007 Work RVU: 4.06 **2015 Work RVU:** 4.23
2007 NF PE RVU: 5.51 **2015 NF PE RVU:** 6.86
2007 Fac PE RVU 2.47 **201 Fac PE RVU:** 2.99

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 568

2007 Work RVU: 4.68 **2015 Work RVU:** 5.00
2007 NF PE RVU: 6.05 **2015 NF PE RVU:** 7.69
2007 Fac PE RVU 2.88 **201 Fac PE RVU:** 3.50

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 19,024

2007 Work RVU: 2.39 **2015 Work RVU:** 2.10
2007 NF PE RVU: 2.87 **2015 NF PE RVU:** 4.42
2007 Fac PE RVU 1.29 **201 Fac PE RVU:** 2.09

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 46,381

2007 Work RVU: 2.76 **2015 Work RVU:** 2.79
2007 NF PE RVU: 3.57 **2015 NF PE RVU:** 4.97
2007 Fac PE RVU 1.63 **201 Fac PE RVU:** 2.56

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 2,174

2007 Work RVU: 3.16 **2015 Work RVU:** 3.19
2007 NF PE RVU: 3.74 **2015 NF PE RVU:** 6.49
2007 Fac PE RVU 1.69 **201 Fac PE RVU:** 2.52

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 334

2007 Work RVU: 3.65 **2015 Work RVU:** 3.75
2007 NF PE RVU: 5.21 **2015 NF PE RVU:** 7.08
2007 Fac PE RVU 2.23 **201 Fac PE RVU:** 3.45

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 63

2007 Work RVU: 4.26 **2015 Work RVU:** 4.30
2007 NF PE RVU: 6.28 **2015 NF PE RVU:** 8.34
2007 Fac PE RVU 2.64 **201 Fac PE RVU:** 3.62

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 34

2007 Work RVU: 4.66 **2015 Work RVU:** 4.95
2007 NF PE RVU: 6.3 **2015 NF PE RVU:** 10.05
2007 Fac PE RVU 2.95 **201 Fac PE RVU:** 5.01

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 57,673

2007 Work RVU: 2.49 **2015 Work RVU:** 2.33
2007 NF PE RVU: 3.48 **2015 NF PE RVU:** 4.61
2007 Fac PE RVU 1.57 **201 Fac PE RVU:** 2.25

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 77,659

2007 Work RVU: 2.81 **2015 Work RVU:** 2.87
2007 NF PE RVU: 3.64 **2015 NF PE RVU:** 5.02
2007 Fac PE RVU 1.72 **201 Fac PE RVU:** 2.57

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 9,209

2007 Work RVU: 3.14 **2015 Work RVU:** 3.17
2007 NF PE RVU: 3.77 **2015 NF PE RVU:** 6.12
2007 Fac PE RVU 1.68 **201 Fac PE RVU:** 2.61

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 2,911

2007 Work RVU: 3.47 **2015 Work RVU:** 3.50
2007 NF PE RVU: 4.02 **2015 NF PE RVU:** 6.36
2007 Fac PE RVU 1.74 **201 Fac PE RVU:** 2.51

RUC Recommendation: 3.50 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 433

2007 Work RVU: 4.44 **2015 Work RVU:** 4.50
2007 NF PE RVU: 4.87 **2015 NF PE RVU:** 8.25
2007 Fac PE RVU 2.13 **201 Fac PE RVU:** 3.45

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 47

2007 Work RVU: 5.25 **2015 Work RVU:** 5.30
2007 NF PE RVU: 6.62 **2015 NF PE RVU:** 7.93
2007 Fac PE RVU 2.89 **201 Fac PE RVU:** 3.83

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 41

2007 Work RVU: 5.97 **2015 Work RVU:** 6.00
2007 NF PE RVU: 6.47 **2015 NF PE RVU:** 9.48
2007 Fac PE RVU 3.53 **201 Fac PE RVU:** 3.85

RUC Recommendation: 6.28 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2013 Medicare Utilization:** 5,408

2007 Work RVU: 3.14 **2015 Work RVU:** 3.00
2007 NF PE RVU: 4.15 **2015 NF PE RVU:** 6.01
2007 Fac PE RVU 2.35 **201 Fac PE RVU:** 2.48

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2013 Medicare Utilization:** 71,679

2007 Work RVU: 3.93 **2015 Work RVU:** 3.50
2007 NF PE RVU: 4.99 **2015 NF PE RVU:** 7.17
2007 Fac PE RVU 2.77 **201 Fac PE RVU:** 3.25

RUC Recommendation: 3.50 **CPT Action (if applicable):** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2013 Medicare Utilization:** 19,043

2007 Work RVU: 1.24 **2015 Work RVU:** 1.24
2007 NF PE RVU: 1.22 **2015 NF PE RVU:** 2.00
2007 Fac PE RVU 0.57 **201 Fac PE RVU:** 0.69

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2013 Medicare Utilization:** 9,215

2007 Work RVU: 3.32 **2015 Work RVU:** 3.23
2007 NF PE RVU: 4.26 **2015 NF PE RVU:** 6.18
2007 Fac PE RVU 2.41 **201 Fac PE RVU:** 3.08

RUC Recommendation: 3.23 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2013 Medicare Utilization:** 125,047

2007 Work RVU: 4.36 **2015 Work RVU:** 4.00
2007 NF PE RVU: 5.32 **2015 NF PE RVU:** 7.49
2007 Fac PE RVU 3.02 **201 Fac PE RVU:** 3.11

RUC Recommendation: 4.00 **CPT Action (if applicable):** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2013 Medicare Utilization:** 19,746

2007 Work RVU: 1.44 **2015 Work RVU:** 1.44
2007 NF PE RVU: 1.48 **2015 NF PE RVU:** 2.11
2007 Fac PE RVU 0.63 **201 Fac PE RVU:** 0.79

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2013 Medicare Utilization:** 36,902

2007 Work RVU: 3.80 **2015 Work RVU:** 3.73
2007 NF PE RVU: 4.53 **2015 NF PE RVU:** 6.62
2007 Fac PE RVU 2.74 **201 Fac PE RVU:** 2.92

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2013 Medicare Utilization:** 222,178

2007 Work RVU: 6.48 **2015 Work RVU:** 4.78
2007 NF PE RVU: 6.42 **2015 NF PE RVU:** 8.01
2007 Fac PE RVU 4.38 **201 Fac PE RVU:** 3.56

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2013 Medicare Utilization:** 13,293

2007 Work RVU: 2.19 **2015 Work RVU:** 2.19
2007 NF PE RVU: 1.72 **2015 NF PE RVU:** 2.55
2007 Fac PE RVU 1.02 **201 Fac PE RVU:** 1.26

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2013 Medicare Utilization:** 2,311

2007 Work RVU: 3.82 **2015 Work RVU:**
2007 NF PE RVU: 4.83 **2015 NF PE RVU:**
2007 Fac PE RVU 2.76 **201 Fac PE RVU:**

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2013 Medicare Utilization:** 32,164

2007 Work RVU: 4.46 **2015 Work RVU:** 4.34
2007 NF PE RVU: 4.99 **2015 NF PE RVU:** 6.97
2007 Fac PE RVU 3.17 **201 Fac PE RVU:** 3.27

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

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

Status Report: CMS Requests and Relativity Assessment Issues

13152 **Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2013 Medicare Utilization:** 46,754

2007 Work RVU: 6.34 **2015 Work RVU:** 5.34
2007 NF PE RVU: 6.42 **2015 NF PE RVU:** 8.23
2007 Fac PE RVU 4.03 **201 Fac PE RVU:** 3.88

RUC Recommendation: 5.34 **CPT Action (if applicable):** **Result:** Decrease

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

13153 **Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2013 Medicare Utilization:** 1,099

2007 Work RVU: 2.38 **2015 Work RVU:** 2.38
2007 NF PE RVU: 1.96 **2015 NF PE RVU:** 2.76
2007 Fac PE RVU 1.11 **201 Fac PE RVU:** 1.33

RUC Recommendation: 2.38 **CPT Action (if applicable):** **Result:** Maintain

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

14000 **Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less**

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2013 Medicare Utilization:** 9,334

2007 Work RVU: 6.83 **2015 Work RVU:** 6.37
2007 NF PE RVU: 8.14 **2015 NF PE RVU:** 10.21
2007 Fac PE RVU 5.63 **201 Fac PE RVU:** 6.95

RUC Recommendation: 6.19 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

14001 **Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm**

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2013 Medicare Utilization:** 9,142

2007 Work RVU: 9.60 **2015 Work RVU:** 8.78
2007 NF PE RVU: 9.86 **2015 NF PE RVU:** 12.38
2007 Fac PE RVU 7.22 **201 Fac PE RVU:** 8.44

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Decrease

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

14020 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less**

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2013 Medicare Utilization:** 21,411

2007 Work RVU: 7.66 **2015 Work RVU:** 7.22
2007 NF PE RVU: 8.98 **2015 NF PE RVU:** 11.39
2007 Fac PE RVU 6.64 **201 Fac PE RVU:** 7.93

RUC Recommendation: 7.02 **CPT Action (if applicable):** **Result:** Decrease

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

14021 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm**

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2013 Medicare Utilization:** 18,772

2007 Work RVU: 11.18 **2015 Work RVU:** 9.72
2007 NF PE RVU: 10.63 **2015 NF PE RVU:** 13.49
2007 Fac PE RVU 8.41 **201 Fac PE RVU:** 9.38

RUC Recommendation: 9.52 **CPT Action (if applicable):** **Result:** Decrease

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

14040 **Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less**

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2013 Medicare Utilization:** 76,850

2007 Work RVU: 8.44 **2015 Work RVU:** 8.60
2007 NF PE RVU: 9.17 **2015 NF PE RVU:** 11.75
2007 Fac PE RVU 7.17 **201 Fac PE RVU:** 8.28

RUC Recommendation: 8.44 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2013 Medicare Utilization:** 43,205

2007 Work RVU: 12.67 **2015 Work RVU:** 10.83
2007 NF PE RVU: 11.37 **2015 NF PE RVU:** 14.34
2007 Fac PE RVU 8.88 **201 Fac PE RVU:** 9.89

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

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2013 Medicare Utilization:** 94,991

2007 Work RVU: 9.07 **2015 Work RVU:** 9.23
2007 NF PE RVU: 9.02 **2015 NF PE RVU:** 11.48
2007 Fac PE RVU 7.39 **201 Fac PE RVU:** 8.75

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

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2013 Medicare Utilization:** 27,518

2007 Work RVU: 13.67 **2015 Work RVU:** 11.48
2007 NF PE RVU: 12.45 **2015 NF PE RVU:** 15.63
2007 Fac PE RVU 9.72 **201 Fac PE RVU:** 10.71

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

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

14300 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2013 Medicare Utilization:**

2007 Work RVU: 13.26 **2015 Work RVU:**
2007 NF PE RVU: 11.77 **2015 NF PE RVU:**
2007 Fac PE RVU 9.28 **201 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2013 Medicare Utilization:** 27,334

2007 Work RVU: **2015 Work RVU:** 12.65
2007 NF PE RVU: **2015 NF PE RVU:** 15.94
2007 Fac PE RVU **201 Fac PE RVU:** 10.66

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

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

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

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2013 Medicare Utilization:** 24,079

2007 Work RVU: **2015 Work RVU:** 3.73
2007 NF PE RVU: **2015 NF PE RVU:** 2.01
2007 Fac PE RVU **201 Fac PE RVU:** 2.01

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

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

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

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2013 Medicare Utilization:** 19,158

2007 Work RVU: 3.65 **2015 Work RVU:** 3.65
2007 NF PE RVU: 4.12 **2015 NF PE RVU:** 5.57
2007 Fac PE RVU 1.65 **201 Fac PE RVU:** 2.25

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS, APMA **First Identified:** January 2014 **2013 Medicare Utilization:** 22,688

2007 Work RVU: 4.58 **2015 Work RVU:** 4.58
2007 NF PE RVU: 4.77 **2015 NF PE RVU:** 6.21
2007 Fac PE RVU 1.97 **201 Fac PE RVU:** 2.60

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

CPT Action (if applicable):

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

Result: Maintain

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

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2013 Medicare Utilization:** 16,755

2007 Work RVU: 9.74 **2015 Work RVU:** 9.90
2007 NF PE RVU: 11.91 **2015 NF PE RVU:** 12.66
2007 Fac PE RVU 7.57 **201 Fac PE RVU:** 8.78

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

CPT Action (if applicable):

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

Result: Maintain

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2013 Medicare Utilization:** 10,668

2007 Work RVU: 10.96 **2015 Work RVU:** 10.15
2007 NF PE RVU: 10.87 **2015 NF PE RVU:** 12.37
2007 Fac PE RVU 7.71 **201 Fac PE RVU:** 8.21

RUC Recommendation: Remove from screen

CPT Action (if applicable):

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 5.99 **2015 Work RVU:**
2007 NF PE RVU: 3.79 **2015 NF PE RVU:**
2007 Fac PE RVU 2.37 **201 Fac PE RVU:**

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

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.55 **2015 Work RVU:**
2007 NF PE RVU: 0.68 **2015 NF PE RVU:**
2007 Fac PE RVU 0.6 **201 Fac PE RVU:**

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

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2013 Medicare Utilization:**

2007 Work RVU: 7.99 **2015 Work RVU:**
2007 NF PE RVU: 5.4 **2015 NF PE RVU:**
2007 Fac PE RVU 3.96 **201 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 2.45 **2015 Work RVU:**
2007 NF PE RVU: 1.1 **2015 NF PE RVU:**
2007 Fac PE RVU 0.95 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2013 Medicare Utilization:** 8,328

2007 Work RVU: 7.95 **2015 Work RVU:** 8.09
2007 NF PE RVU: 9.5 **2015 NF PE RVU:** 12.49
2007 Fac PE RVU 6.69 **201 Fac PE RVU:** 8.25

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS, AAD **First Identified:** January 2014 **2013 Medicare Utilization:** 13,040

2007 Work RVU: 10.15 **2015 Work RVU:** 10.41
2007 NF PE RVU: 10.66 **2015 NF PE RVU:** 14.48
2007 Fac PE RVU 8.2 **201 Fac PE RVU:** 10.93

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

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Medicare Utilization:** 68,045

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 2.28
2007 Fac PE RVU **201 Fac PE RVU:** 0.72

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

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Medicare Utilization:** 10,902

2007 Work RVU: **2015 Work RVU:** 0.33
2007 NF PE RVU: **2015 NF PE RVU:** 0.39
2007 Fac PE RVU **201 Fac PE RVU:** 0.12

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

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Medicare Utilization:** 5,017

2007 Work RVU: **2015 Work RVU:** 3.50
2007 NF PE RVU: **2015 NF PE RVU:** 4.32
2007 Fac PE RVU **201 Fac PE RVU:** 1.71

RUC Recommendation: 3.50 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

15274 **Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Medicare Utilization:** 23,881

2007 Work RVU: **2015 Work RVU:** 0.80
2007 NF PE RVU: **2015 NF PE RVU:** 1.06
2007 Fac PE RVU **201 Fac PE RVU:** 0.36

RUC Recommendation: 0.80 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15275 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area**

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Medicare Utilization:** 79,318

2007 Work RVU: **2015 Work RVU:** 1.83
2007 NF PE RVU: **2015 NF PE RVU:** 2.22
2007 Fac PE RVU **201 Fac PE RVU:** 0.75

RUC Recommendation: 1.83 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15276 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Medicare Utilization:** 5,287

2007 Work RVU: **2015 Work RVU:** 0.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.42
2007 Fac PE RVU **201 Fac PE RVU:** 0.16

RUC Recommendation: 0.59 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15277 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children**

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Medicare Utilization:** 1,592

2007 Work RVU: **2015 Work RVU:** 4.00
2007 NF PE RVU: **2015 NF PE RVU:** 4.53
2007 Fac PE RVU **201 Fac PE RVU:** 1.84

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15278 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Medicare Utilization:** 2,582

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 1.23
2007 Fac PE RVU **201 Fac PE RVU:** 0.46

RUC Recommendation: 1.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15320 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2013 Medicare Utilization:**

2007 Work RVU: 5.36 **2015 Work RVU:**
2007 NF PE RVU: 3.66 **2015 NF PE RVU:**
2007 Fac PE RVU 2.49 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15321 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.50 **2015 Work RVU:**
2007 NF PE RVU: 0.69 **2015 NF PE RVU:**
2007 Fac PE RVU 0.57 **201 Fac PE RVU:**

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

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

15330 **Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

Global: 090 **Issue:** Allograft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 3.99 **2015 Work RVU:**
2007 NF PE RVU: 3.18 **2015 NF PE RVU:**
2007 Fac PE RVU 2.15 **201 Fac PE RVU:**

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

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

15331 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.00 **2015 Work RVU:**
2007 NF PE RVU: 0.46 **2015 NF PE RVU:**
2007 Fac PE RVU 0.39 **201 Fac PE RVU:**

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

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

15335 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2013 Medicare Utilization:**

2007 Work RVU: 4.50 **2015 Work RVU:**
2007 NF PE RVU: 3.46 **2015 NF PE RVU:**
2007 Fac PE RVU 2.35 **201 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

15336 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.43 **2015 Work RVU:**
2007 NF PE RVU: 0.7 **2015 NF PE RVU:**
2007 Fac PE RVU 0.55 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15360 **Deleted from CPT**

Global: 090 **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 3.93 **2015 Work RVU:**
2007 NF PE RVU: 4.47 **2015 NF PE RVU:**
2007 Fac PE RVU 3.13 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15361 **Deleted from CPT**

Global: ZZZ **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.15 **2015 Work RVU:**
2007 NF PE RVU: 0.58 **2015 NF PE RVU:**
2007 Fac PE RVU 0.44 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15365 **Deleted from CPT**

Global: 090 **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2013 Medicare Utilization:**

2007 Work RVU: 4.21 **2015 Work RVU:**
2007 NF PE RVU: 4.5 **2015 NF PE RVU:**
2007 Fac PE RVU 3.2 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15366 **Deleted from CPT**

Global: ZZZ **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.45 **2015 Work RVU:**
2007 NF PE RVU: 0.7 **2015 NF PE RVU:**
2007 Fac PE RVU 0.56 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15400 **Deleted from CPT**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAO-HNS, ASPS **First Identified:** September 2007 **2013 Medicare Utilization:**

2007 Work RVU: 4.38 **2015 Work RVU:**
2007 NF PE RVU: 4.25 **2015 NF PE RVU:**
2007 Fac PE RVU 3.95 **201 Fac PE RVU:**

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

15401 **Deleted from CPT**

Global: ZZZ **Issue:** Xenograft **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACS, ASPS **First Identified:** February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 1.00 **2015 Work RVU:**
2007 NF PE RVU: 1.67 **2015 NF PE RVU:**
2007 Fac PE RVU 0.42 **201 Fac PE RVU:**

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

15420 **Deleted from CPT**

Global: 090 **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** October 2009 **2013 Medicare Utilization:**

2007 Work RVU: 4.89 **2015 Work RVU:**
2007 NF PE RVU: 4.86 **2015 NF PE RVU:**
2007 Fac PE RVU 3.83 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15421 **Deleted from CPT**

Global: ZZZ **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.50 **2015 Work RVU:**
2007 NF PE RVU: 1.29 **2015 NF PE RVU:**
2007 Fac PE RVU 0.6 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** September 2007 **2013 Medicare Utilization:** 462

2007 Work RVU: 10.00 **2015 Work RVU:** 10.21
2007 NF PE RVU: 11.09 **2015 NF PE RVU:** 13.92
2007 Fac PE RVU 6.71 **201 Fac PE RVU:** 9.07

RUC Recommendation: 10.00 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** April 2008 **2013 Medicare Utilization:** 705

2007 Work RVU: 9.94 **2015 Work RVU:** 10.12
2007 NF PE RVU: 9.59 **2015 NF PE RVU:** 13.40
2007 Fac PE RVU 6.53 **201 Fac PE RVU:** 9.58

RUC Recommendation: 9.94 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2013 Medicare Utilization:** 2,182

2007 Work RVU: 10.52 **2015 Work RVU:** 10.70
2007 NF PE RVU: 10.64 **2015 NF PE RVU:** 13.59
2007 Fac PE RVU 7.6 **201 Fac PE RVU:** 9.63

RUC Recommendation: 10.52 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2013 Medicare Utilization:** 3,804

2007 Work RVU: 9.24 **2015 Work RVU:** 9.37
2007 NF PE RVU: 9.74 **2015 NF PE RVU:** 12.18
2007 Fac PE RVU 6.81 **201 Fac PE RVU:** 8.52

RUC Recommendation: 9.24 **CPT Action (if applicable):** **Result:** Maintain

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

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

Global: 090 **Issue:** Muscle - Skin Graft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 16 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2013 Medicare Utilization:** 13,680

2007 Work RVU: 19.70 **2015 Work RVU:** 16.38
2007 NF PE RVU: 17.27 **2015 NF PE RVU:** 17.95
2007 Fac PE RVU 12.01 **201 Fac PE RVU:** 13.44

RUC Recommendation: 19.83 **CPT Action (if applicable):** **Result:** Decrease

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

15740 **Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel**

Global: 090 **Issue:** Dermatology and Plastic Surgery Procedures **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 28 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2013 Medicare Utilization:** 2,333

2007 Work RVU: 11.57 **2015 Work RVU:** 11.80
2007 NF PE RVU: 11.01 **2015 NF PE RVU:** 15.41
2007 Fac PE RVU 8.58 **201 Fac PE RVU:** 10.93

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

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

Status Report: CMS Requests and Relativity Assessment Issues

15777 **Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Medicare Utilization:** 9,795

2007 Work RVU: **2015 Work RVU:** 3.65
2007 NF PE RVU: **2015 NF PE RVU:** 1.83
2007 Fac PE RVU **201 Fac PE RVU:** 1.83

RUC Recommendation: 3.65 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

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

Global: 090 **Issue:** Upper Eyelid Blepharoplasty **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 33 **Specialty Developing Recommendation:** AAO **First Identified:** October 2009 **2013 Medicare Utilization:** 101,202

2007 Work RVU: 8.12 **2015 Work RVU:** 6.81
2007 NF PE RVU: 7.8 **2015 NF PE RVU:** 9.81
2007 Fac PE RVU 6.41 **201 Fac PE RVU:** 8.05

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

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

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

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2013 Medicare Utilization:** 18,019

2007 Work RVU: 0.80 **2015 Work RVU:** 0.71
2007 NF PE RVU: 1.25 **2015 NF PE RVU:** 1.52
2007 Fac PE RVU 0.58 **201 Fac PE RVU:** 0.75

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

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

Status Report: CMS Requests and Relativity Assessment Issues

16025 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2013 Medicare Utilization:** 2,440

2007 Work RVU: 1.85 **2015 Work RVU:** 1.74
2007 NF PE RVU: 1.72 **2015 NF PE RVU:** 2.20
2007 Fac PE RVU 0.94 **201 Fac PE RVU:** 1.20

RUC Recommendation: 1.85 **CPT Action (if applicable):** **Result:** Maintain

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

16030 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** February 2010 **2013 Medicare Utilization:** 1,097

2007 Work RVU: 2.08 **2015 Work RVU:** 2.08
2007 NF PE RVU: 2.12 **2015 NF PE RVU:** 2.77
2007 Fac PE RVU 1.08 **201 Fac PE RVU:** 1.37

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

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

17000 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2013 Medicare Utilization:** 5,192,325

2007 Work RVU: 0.62 **2015 Work RVU:** 0.61
2007 NF PE RVU: 1.08 **2015 NF PE RVU:** 1.19
2007 Fac PE RVU 0.59 **201 Fac PE RVU:** 0.82

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

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

Status Report: CMS Requests and Relativity Assessment Issues

17003 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)**

Global: ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD

First Identified: October 2010 **2013 Medicare Utilization:** 16,453,509

2007 Work RVU: 0.07 **2015 Work RVU:** 0.04
2007 NF PE RVU: 0.11 **2015 NF PE RVU:** 0.11
2007 Fac PE RVU 0.06 **201 Fac PE RVU:** 0.02

RUC Recommendation: 0.04

CPT Action (if applicable):

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

Result: Decrease

17004 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD

First Identified: September 2011 **2013 Medicare Utilization:** 784,515

2007 Work RVU: 1.82 **2015 Work RVU:** 1.37
2007 NF PE RVU: 2.33 **2015 NF PE RVU:** 2.69
2007 Fac PE RVU 1.54 **201 Fac PE RVU:** 1.29

RUC Recommendation: 1.37

CPT Action (if applicable):

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

Result: Decrease

17106 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2013 Medicare Utilization:** 2,687

2007 Work RVU: 4.62 **2015 Work RVU:** 3.69
2007 NF PE RVU: 4.63 **2015 NF PE RVU:** 5.50
2007 Fac PE RVU 3.33 **201 Fac PE RVU:** 3.69

RUC Recommendation: 3.61

CPT Action (if applicable):

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

17107 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008

2013 Medicare Utilization: 1,107

2007 Work RVU: 9.19 **2015 Work RVU:** 4.79
2007 NF PE RVU: 7.24 **2015 NF PE RVU:** 6.77
2007 Fac PE RVU 5.41 **201 Fac PE RVU:** 4.40

RUC Recommendation: 4.68

CPT Action (if applicable):

Result: Decrease

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

17108 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008

2013 Medicare Utilization: 3,059

2007 Work RVU: 13.22 **2015 Work RVU:** 7.49
2007 NF PE RVU: 9.34 **2015 NF PE RVU:** 9.59
2007 Fac PE RVU 7.49 **201 Fac PE RVU:** 6.47

RUC Recommendation: 6.37

CPT Action (if applicable):

Result: Decrease

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

17110 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

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

First Identified: April 2013

2013 Medicare Utilization: 1,739,415

2007 Work RVU: 0.67 **2015 Work RVU:** 0.70
2007 NF PE RVU: 1.66 **2015 NF PE RVU:** 2.35
2007 Fac PE RVU 0.74 **201 Fac PE RVU:** 1.20

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from screen

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

Status Report: CMS Requests and Relativity Assessment Issues

17111 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

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

First Identified: April 2013 **2013 Medicare Utilization:** 89,462

2007 Work RVU: 0.94 **2015 Work RVU:** 0.97
2007 NF PE RVU: 1.83 **2015 NF PE RVU:** 2.62
2007 Fac PE RVU 0.89 **201 Fac PE RVU:** 1.35

RUC Recommendation: Remove from screen

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

Result: Remove from screen

17261 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

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

First Identified: October 2009 **2013 Medicare Utilization:** 133,938

2007 Work RVU: 1.19 **2015 Work RVU:** 1.22
2007 NF PE RVU: 1.84 **2015 NF PE RVU:** 2.67
2007 Fac PE RVU 0.9 **201 Fac PE RVU:** 1.23

RUC Recommendation: 1.22

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

Result: Maintain

17262 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

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

First Identified: February 2010 **2013 Medicare Utilization:** 232,276

2007 Work RVU: 1.60 **2015 Work RVU:** 1.63
2007 NF PE RVU: 2.13 **2015 NF PE RVU:** 3.09
2007 Fac PE RVU 1.09 **201 Fac PE RVU:** 1.48

RUC Recommendation: 1.63

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

17271 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2013 Medicare Utilization:** 56,482

2007 Work RVU: 1.51 **2015 Work RVU:** 1.54
2007 NF PE RVU: 2 **2015 NF PE RVU:** 2.86
2007 Fac PE RVU 1.05 **201 Fac PE RVU:** 1.42

RUC Recommendation: 1.54 **CPT Action (if applicable):** **Result:** Maintain

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

17272 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2013 Medicare Utilization:** 78,908

2007 Work RVU: 1.79 **2015 Work RVU:** 1.82
2007 NF PE RVU: 2.24 **2015 NF PE RVU:** 3.18
2007 Fac PE RVU 1.18 **201 Fac PE RVU:** 1.59

RUC Recommendation: 1.82 **CPT Action (if applicable):** **Result:** Maintain

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

17281 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2013 Medicare Utilization:** 115,925

2007 Work RVU: 1.74 **2015 Work RVU:** 1.77
2007 NF PE RVU: 2.12 **2015 NF PE RVU:** 3.01
2007 Fac PE RVU 1.16 **201 Fac PE RVU:** 1.56

RUC Recommendation: 1.77 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

17282 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2013 Medicare Utilization:** 106,317

2007 Work RVU: 2.06 **2015 Work RVU:** 2.09
2007 NF PE RVU: 2.41 **2015 NF PE RVU:** 3.39
2007 Fac PE RVU 1.31 **201 Fac PE RVU:** 1.75

RUC Recommendation: 2.09 **CPT Action (if applicable):** **Result:** Maintain

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

17311 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks**

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2013 Medicare Utilization:** 608,031

2007 Work RVU: 6.20 **2015 Work RVU:** 6.20
2007 NF PE RVU: 10.79 **2015 NF PE RVU:** 11.59
2007 Fac PE RVU 3.16 **201 Fac PE RVU:** 3.75

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

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

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

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2013 Medicare Utilization:** 448,361

2007 Work RVU: 3.30 **2015 Work RVU:** 3.30
2007 NF PE RVU: 6.92 **2015 NF PE RVU:** 7.20
2007 Fac PE RVU 1.68 **201 Fac PE RVU:** 2.01

RUC Recommendation: 3.30 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Medicare Utilization:** 89,149

2007 Work RVU: 5.56 **2015 Work RVU:** 5.56
2007 NF PE RVU: 9.95 **2015 NF PE RVU:** 11.11
2007 Fac PE RVU 2.83 **201 Fac PE RVU:** 3.37

RUC Recommendation: 5.56 **CPT Action (if applicable):** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Medicare Utilization:** 46,639

2007 Work RVU: 3.06 **2015 Work RVU:** 3.06
2007 NF PE RVU: 6.41 **2015 NF PE RVU:** 7.03
2007 Fac PE RVU 1.55 **201 Fac PE RVU:** 1.86

RUC Recommendation: 3.06 **CPT Action (if applicable):** **Result:** Maintain

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

17315 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Medicare Utilization:** 22,390

2007 Work RVU: 0.87 **2015 Work RVU:** 0.87
2007 NF PE RVU: 1.15 **2015 NF PE RVU:** 1.27
2007 Fac PE RVU 0.44 **201 Fac PE RVU:** 0.53

RUC Recommendation: 0.87 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

19020 **Mastotomy with exploration or drainage of abscess, deep**

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

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

First Identified: September 2007 **2013 Medicare Utilization:** 1,933

2007 Work RVU: 3.74 **2015 Work RVU:** 3.83
2007 NF PE RVU: 6.39 **2015 NF PE RVU:** 8.74
2007 Fac PE RVU 2.76 **201 Fac PE RVU:** 4.05

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits

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

Result: PE Only

19081 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.29
2007 NF PE RVU: **2015 NF PE RVU:** 15.24
2007 Fac PE RVU **201 Fac PE RVU:** 1.22

RUC Recommendation: 3.29

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

Result: Decrease

19082 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.65
2007 NF PE RVU: **2015 NF PE RVU:** 13.65
2007 Fac PE RVU **201 Fac PE RVU:** 0.61

RUC Recommendation: 1.65

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

Result: Decrease

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19083 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.10
2007 NF PE RVU: **2015 NF PE RVU:** 14.81
2007 Fac PE RVU **201 Fac PE RVU:** 1.15

RUC Recommendation: 3.10 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19084 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.55
2007 NF PE RVU: **2015 NF PE RVU:** 13.18
2007 Fac PE RVU **201 Fac PE RVU:** 0.58

RUC Recommendation: 1.55 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19085 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.64
2007 NF PE RVU: **2015 NF PE RVU:** 24.67
2007 Fac PE RVU **201 Fac PE RVU:** 1.35

RUC Recommendation: 3.64 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19086 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.82
2007 NF PE RVU: **2015 NF PE RVU:** 21.21
2007 Fac PE RVU **201 Fac PE RVU:** 0.68

RUC Recommendation: 1.82 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19102 **Biopsy of breast; percutaneous, needle core, using imaging guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:** 60,119

2007 Work RVU: 2.00 **2015 Work RVU:**
2007 NF PE RVU: 3.68 **2015 NF PE RVU:**
2007 Fac PE RVU 0.64 **201 Fac PE RVU:**

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

19103 **Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:** 123,039

2007 Work RVU: 3.69 **2015 Work RVU:**
2007 NF PE RVU: 11.01 **2015 NF PE RVU:**
2007 Fac PE RVU 1.18 **201 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** 4.61
2007 Fac PE RVU **201 Fac PE RVU:** 0.75

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 3.64
2007 Fac PE RVU **201 Fac PE RVU:** 0.37

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19283 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** 5.56
2007 Fac PE RVU **201 Fac PE RVU:** 0.76

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19284 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 4.61
2007 Fac PE RVU **201 Fac PE RVU:** 0.38

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

19285 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.70
2007 NF PE RVU: **2015 NF PE RVU:** 10.78
2007 Fac PE RVU **201 Fac PE RVU:** 0.65

RUC Recommendation: 1.70 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

19286 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.85
2007 NF PE RVU: **2015 NF PE RVU:** 9.79
2007 Fac PE RVU **201 Fac PE RVU:** 0.32

RUC Recommendation: 0.85 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19287 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.55
2007 NF PE RVU: **2015 NF PE RVU:** 21.71
2007 Fac PE RVU **201 Fac PE RVU:** 0.97

RUC Recommendation: 3.02 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

19288 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.28
2007 NF PE RVU: **2015 NF PE RVU:** 18.40
2007 Fac PE RVU **201 Fac PE RVU:** 0.49

RUC Recommendation: 1.51 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

19290 **Preoperative placement of needle localization wire, breast;**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:** 51,712

2007 Work RVU: 1.27 **2015 Work RVU:**
2007 NF PE RVU: 2.81 **2015 NF PE RVU:**
2007 Fac PE RVU 0.41 **201 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

19291 **Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Medicare Utilization:** 4,080

2007 Work RVU: 0.63 **2015 Work RVU:**
2007 NF PE RVU: 1.17 **2015 NF PE RVU:**
2007 Fac PE RVU 0.2 **201 Fac PE RVU:**

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

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

19295 **Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** October 2008 **2013 Medicare Utilization:** 55,242

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 2.57 **2015 NF PE RVU:**
2007 Fac PE RVU 2.02 **201 Fac PE RVU:**

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

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

19318 **Reduction mammaplasty**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2013 Medicare Utilization:** 7,506

2007 Work RVU: 15.91 **2015 Work RVU:** 16.03
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.94 **201 Fac PE RVU:** 12.87

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Insertion of Breast Prosthesis **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 10 **Specialty Developing Recommendation:** ASPS **First Identified:** **2013 Medicare Utilization:** 3,682

2007 Work RVU: 6.32 **2015 Work RVU:** 13.99
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.07 **201 Fac PE RVU:** 12.39

RUC Recommendation: 13.99 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19357 **Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion**

Global: 090 **Issue:** Breast Reconstruction **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2013 Medicare Utilization:** 7,423

2007 Work RVU: 20.57 **2015 Work RVU:** 18.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.69 **201 Fac PE RVU:** 21.47

RUC Recommendation: 18.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20000 **Deleted from CPT**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:**

2007 Work RVU: 2.14 **2015 Work RVU:**
2007 NF PE RVU: 2.71 **2015 NF PE RVU:**
2007 Fac PE RVU 1.68 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: September 2007 **2013 Medicare Utilization:** 5,530

2007 Work RVU: 3.55 **2015 Work RVU:** 3.58
2007 NF PE RVU: 3.54 **2015 NF PE RVU:** 4.63
2007 Fac PE RVU 2.2 **201 Fac PE RVU:** 2.56

RUC Recommendation: 3.55

CPT Action (if applicable): June 2009 **Result:** Maintain

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

20240 **Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)**

Global: 010 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 19 **Specialty Developing Recommendation:** AAOS, APMA

First Identified: April 2014 **2013 Medicare Utilization:** 2,911

2007 Work RVU: 3.25 **2015 Work RVU:** 3.28
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **201 Fac PE RVU:** 2.46

RUC Recommendation: 3.73

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

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

20245 **Biopsy, bone, open; deep (eg, humerus, ischium, femur)**

Global: 010 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

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

First Identified: January 2014 **2013 Medicare Utilization:** 3,442

2007 Work RVU: 8.77 **2015 Work RVU:** 8.95
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.38 **201 Fac PE RVU:** 7.21

RUC Recommendation: Survey for April 2015 after Research Subcommittee review of survey sample

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,981

2007 Work RVU: 3.51 **2015 Work RVU:** 3.54
2007 NF PE RVU: 8.62 **2015 NF PE RVU:** 9.50
2007 Fac PE RVU 2.52 **201 Fac PE RVU:** 2.98

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

20550 **Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")**

Global: 000 **Issue:** Tendon Injections **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** APMA, AAPM, AAOS **First Identified:** October 2008 **2013 Medicare Utilization:** 793,996

2007 Work RVU: 0.75 **2015 Work RVU:** 0.75
2007 NF PE RVU: 0.69 **2015 NF PE RVU:** 0.84
2007 Fac PE RVU 0.25 **201 Fac PE RVU:** 0.36

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

20551 **Injection(s); single tendon origin/insertion**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA, AAPM, AAOS **First Identified:** October 2008 **2013 Medicare Utilization:** 158,793

2007 Work RVU: 0.75 **2015 Work RVU:** 0.75
2007 NF PE RVU: 0.67 **2015 NF PE RVU:** 0.88
2007 Fac PE RVU 0.32 **201 Fac PE RVU:** 0.39

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

20600 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance**

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2013 Medicare Utilization:** 424,403

2007 Work RVU: 0.66 **2015 Work RVU:** 0.66
2007 NF PE RVU: 0.66 **2015 NF PE RVU:** 0.62
2007 Fac PE RVU 0.34 **201 Fac PE RVU:** 0.29

RUC Recommendation: 0.66 and new PE inputs

CPT Action (if applicable): October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

20604 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.89
2007 NF PE RVU: **2015 NF PE RVU:** 1.06
2007 Fac PE RVU **201 Fac PE RVU:** 0.33

RUC Recommendation: 0.89 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20605 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance**

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** October 2009 **2013 Medicare Utilization:** 523,801

2007 Work RVU: 0.68 **2015 Work RVU:** 0.68
2007 NF PE RVU: 0.76 **2015 NF PE RVU:** 0.66
2007 Fac PE RVU 0.35 **201 Fac PE RVU:** 0.31

RUC Recommendation: 0.68 and new PE inputs **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20606 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 1.15
2007 Fac PE RVU **201 Fac PE RVU:** 0.39

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20610 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2013 Medicare Utilization:** 6,838,839

2007 Work RVU: 0.79 **2015 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2015 NF PE RVU:** 0.81
2007 Fac PE RVU 0.42 **201 Fac PE RVU:** 0.42

RUC Recommendation: 0.79 and new PE inputs **CPT Action (if applicable):** October 2013 **Result:** Maintain

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

20611 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.10
2007 NF PE RVU: **2015 NF PE RVU:** 1.35
2007 Fac PE RVU **201 Fac PE RVU:** 0.51

RUC Recommendation: 1.10 **CPT Action (if applicable):** October 2013 **Result:** Decrease

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

20680 **Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** January 2014 **2013 Medicare Utilization:** 55,634

2007 Work RVU: 5.90 **2015 Work RVU:** 5.96
2007 NF PE RVU: 8.63 **2015 NF PE RVU:** 10.68
2007 Fac PE RVU 3.82 **201 Fac PE RVU:** 5.19

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3. **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

20692 **Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

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

First Identified: January 2014 **2013 Medicare Utilization:** 2,450

2007 Work RVU: 6.40 **2015 Work RVU:** 16.27
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **201 Fac PE RVU:** 13.04

RUC Recommendation: Maintain

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

Result: Maintain

20694 **Removal, under anesthesia, of external fixation system**

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

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

First Identified: September 2007 **2013 Medicare Utilization:** 5,441

2007 Work RVU: 4.20 **2015 Work RVU:** 4.28
2007 NF PE RVU: 6.69 **2015 NF PE RVU:** 7.07
2007 Fac PE RVU 3.92 **201 Fac PE RVU:** 4.62

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

20900 **Bone graft, any donor area; minor or small (eg, dowel or button)**

Global: 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS

First Identified: September 2007 **2013 Medicare Utilization:** 3,604

2007 Work RVU: 5.77 **2015 Work RVU:** 3.00
2007 NF PE RVU: 8.65 **2015 NF PE RVU:** 8.43
2007 Fac PE RVU 5.5 **201 Fac PE RVU:** 1.94

RUC Recommendation: 3.00

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

Result: Decrease

20902 **Bone graft, any donor area; major or large**

Global: 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS

First Identified: April 2008 **2013 Medicare Utilization:** 4,127

2007 Work RVU: 7.98 **2015 Work RVU:** 4.58
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.63 **201 Fac PE RVU:** 2.82

RUC Recommendation: 4.58

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

20926 **Tissue grafts, other (eg, paratenon, fat, dermis)**

Global: 090 **Issue:** Tissue Grafts **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AAO-HNS, AANS **First Identified:** October 2008 **2013 Medicare Utilization:** 12,441

2007 Work RVU: 5.70 **2015 Work RVU:** 5.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.67 **201 Fac PE RVU:** 5.49

RUC Recommendation: Remove from screen

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

21015 **Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm**

Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,294

2007 Work RVU: 5.59 **2015 Work RVU:** 9.89
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.85 **201 Fac PE RVU:** 8.63

RUC Recommendation: 9.71

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

21025 **Excision of bone (eg, for osteomyelitis or bone abscess); mandible**

Global: 090 **Issue:** Excision of Bone – Mandible **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 61 **Specialty Developing Recommendation:** AAOMS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,596

2007 Work RVU: 11.07 **2015 Work RVU:** 10.03
2007 NF PE RVU: 12.32 **2015 NF PE RVU:** 14.08
2007 Fac PE RVU 9.21 **201 Fac PE RVU:** 10.12

RUC Recommendation: 10.03

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

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

Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 947

2007 Work RVU: 8.91 **2015 Work RVU:** 14.75
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.13 **201 Fac PE RVU:** 9.97

RUC Recommendation: 14.57

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: July 2013 **2013 Medicare Utilization:** 40,105

2007 Work RVU: 0.98 **2015 Work RVU:**
2007 NF PE RVU: 1.34 **2015 NF PE RVU:**
2007 Fac PE RVU 1.34 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2013 Medicare Utilization:** 179

2007 Work RVU: 2.80 **2015 Work RVU:** 2.88
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.28 **201 Fac PE RVU:** 4.30

RUC Recommendation: Referred to CPT for deletion

CPT Action (if applicable): October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

21810 **Treatment of rib fracture requiring external fixation (flail chest)**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2013 Medicare Utilization:** 79

2007 Work RVU: 6.92 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.03 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

21811 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 10.79
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 4.37

RUC Recommendation: 19.55

CPT Action (if applicable): October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

21812 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 13.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 5.16

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

21813 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 17.61
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 7.13

RUC Recommendation: 35.00 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

21820 **Closed treatment of sternum fracture**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2013 Medicare Utilization:** 285

2007 Work RVU: 1.31 **2015 Work RVU:** 1.36
2007 NF PE RVU: 1.82 **2015 NF PE RVU:** 2.45
2007 Fac PE RVU 1.77 **201 Fac PE RVU:** 2.55

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

21825 **Open treatment of sternum fracture with or without skeletal fixation**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2013 Medicare Utilization:** 954

2007 Work RVU: 7.65 **2015 Work RVU:** 7.76
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.16 **201 Fac PE RVU:** 6.08

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

Status Report: CMS Requests and Relativity Assessment Issues

21935 **Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm**

Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 635

2007 Work RVU: 18.38 **2015 Work RVU:** 15.72
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.37 **201 Fac PE RVU:** 10.45

RUC Recommendation: 15.54 **CPT Action (if applicable):** June 2008 **Result:** Decrease

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

22214 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2013 Medicare Utilization:** 3,033

2007 Work RVU: 20.77 **2015 Work RVU:** 21.02
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.53 **201 Fac PE RVU:** 16.49

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

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

22305 **Closed treatment of vertebral process fracture(s)**

Global: 090 **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** July 2013 **2013 Medicare Utilization:** 3,067

2007 Work RVU: 2.08 **2015 Work RVU:** 2.13
2007 NF PE RVU: 2.27 **2015 NF PE RVU:** 2.94
2007 Fac PE RVU 1.89 **201 Fac PE RVU:** 2.43

RUC Recommendation: Survey for April 2015 **CPT Action (if applicable):** CPT 2016 cycle **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

22510 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 8.15
2007 NF PE RVU: **2015 NF PE RVU:** 40.91
2007 Fac PE RVU **201 Fac PE RVU:** 3.92

RUC Recommendation: 8.15 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 7.58
2007 NF PE RVU: **2015 NF PE RVU:** 41.07
2007 Fac PE RVU **201 Fac PE RVU:** 3.74

RUC Recommendation: 8.05 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.00
2007 NF PE RVU: **2015 NF PE RVU:** 23.25
2007 Fac PE RVU **201 Fac PE RVU:** 1.50

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 8.90
2007 NF PE RVU: **2015 NF PE RVU:** 197.92
2007 Fac PE RVU **201 Fac PE RVU:** 4.98

RUC Recommendation: 8.90 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22514 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 8.24
2007 NF PE RVU: **2015 NF PE RVU:** 197.62
2007 Fac PE RVU **201 Fac PE RVU:** 4.71

RUC Recommendation: 8.24 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22515 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.00
2007 NF PE RVU: **2015 NF PE RVU:** 121.04
2007 Fac PE RVU **201 Fac PE RVU:** 1.75

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** February 2009 **2013 Medicare Utilization:** 6,725

2007 Work RVU: 9.17 **2015 Work RVU:**
2007 NF PE RVU: 56.83 **2015 NF PE RVU:**
2007 Fac PE RVU 4.84 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2013 Medicare Utilization:** 6,808

2007 Work RVU: 8.60 **2015 Work RVU:**
2007 NF PE RVU: 52.87 **2015 NF PE RVU:**
2007 Fac PE RVU 4.69 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22522 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Medicare Utilization:** 3,143

2007 Work RVU: 4.30 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.59 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2013 Medicare Utilization:** 22,886

2007 Work RVU: 9.21 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.6 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2013 Medicare Utilization:** 26,611

2007 Work RVU: 8.81 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.4 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22525 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2013 Medicare Utilization:** 12,244

2007 Work RVU: 4.47 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 2.12 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22533 **Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Arthrodesis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2013 Medicare Utilization:** 1,185

2007 Work RVU: 24.61 **2015 Work RVU:** 24.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.57 **201 Fac PE RVU:** 17.15

RUC Recommendation: Remove from screen. CPT Assistant article published.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2013 Medicare Utilization:** 34,540

2007 Work RVU: **2015 Work RVU:** 25.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 16.83

RUC Recommendation: 24.50

CPT Action (if applicable): October 2009

Result: Decrease

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

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2013 Medicare Utilization:** 28,622

2007 Work RVU: **2015 Work RVU:** 6.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.12

RUC Recommendation: 6.50

CPT Action (if applicable): October 2009

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22554 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2013 Medicare Utilization:** 5,969

2007 Work RVU: 17.54 **2015 Work RVU:** 17.69
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.97 **201 Fac PE RVU:** 13.38

RUC Recommendation: 17.69 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

22558 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** High Volume Growth2 / Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Medicare Utilization:** 12,638

2007 Work RVU: 23.33 **2015 Work RVU:** 23.53
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.86 **201 Fac PE RVU:** 15.16

RUC Recommendation: Refer to CPT for bundling **CPT Action (if applicable):** CPT 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2013 Medicare Utilization:** 14,549

2007 Work RVU: 5.52 **2015 Work RVU:** 5.52
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.62 **201 Fac PE RVU:** 2.57

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Medicare Utilization:** 42,695

2007 Work RVU: 23.38 **2015 Work RVU:** 23.53
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.83 **201 Fac PE RVU:** 16.19

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

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

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

22614 **Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Medicare Utilization:** 101,454

2007 Work RVU: 6.43 **2015 Work RVU:** 6.43
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **201 Fac PE RVU:** 3.12

RUC Recommendation: 6.43

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

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

22630 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Medicare Utilization:** 6,673

2007 Work RVU: 21.89 **2015 Work RVU:** 22.09
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.39 **201 Fac PE RVU:** 16.29

RUC Recommendation: 22.09

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

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

Status Report: CMS Requests and Relativity Assessment Issues

22632 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Medicare Utilization:** 2,624

2007 Work RVU: 5.22 **2015 Work RVU:** 5.22
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.51 **201 Fac PE RVU:** 2.52

RUC Recommendation: 5.22 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22633 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Medicare Utilization:** 30,058

2007 Work RVU: **2015 Work RVU:** 27.75
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 18.07

RUC Recommendation: 27.75 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22634 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Medicare Utilization:** 11,444

2007 Work RVU: **2015 Work RVU:** 8.16
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.93

RUC Recommendation: 8.16 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2013 Medicare Utilization:** 5,573

2007 Work RVU: 13.44 **2015 Work RVU:** 13.44
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.28 **201 Fac PE RVU:** 6.52

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

22849 **Reinsertion of spinal fixation device**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2013 Medicare Utilization:** 4,262

2007 Work RVU: 19.08 **2015 Work RVU:** 19.17
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.39 **201 Fac PE RVU:** 13.21

RUC Recommendation: Maintain **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: ZZZ **Issue:** Intervertebral Device **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2013 Medicare Utilization:** 113,657

2007 Work RVU: 6.70 **2015 Work RVU:** 6.70
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.18 **201 Fac PE RVU:** 3.22

RUC Recommendation: Survey for April 2015 **CPT Action (if applicable):** October 2009 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22900 **Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007 **2013 Medicare Utilization:** 974

2007 Work RVU: 6.14 **2015 Work RVU:** 8.32
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.3 **201 Fac PE RVU:** 6.03

RUC Recommendation: 8.21

CPT Action (if applicable): June 2008 **Result:** Increase

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

23076 **Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007 **2013 Medicare Utilization:** 753

2007 Work RVU: 7.77 **2015 Work RVU:** 7.41
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.5 **201 Fac PE RVU:** 6.47

RUC Recommendation: 7.28

CPT Action (if applicable): June 2008 **Result:** Decrease

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

23120 **Claviculectomy; partial**

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

Most Recent RUC Meeting: April 2008 **Tab** 30 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2013 Medicare Utilization:** 10,769

2007 Work RVU: 7.23 **2015 Work RVU:** 7.39
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.22 **201 Fac PE RVU:** 7.93

RUC Recommendation: 7.23

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

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

23130 **Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release**

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

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

First Identified: September 2007 **2013 Medicare Utilization:** 4,294

2007 Work RVU: 7.63 **2015 Work RVU:** 7.77
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **201 Fac PE RVU:** 8.16

RUC Recommendation: Reduce 99238 to 0.5

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

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

Status Report: CMS Requests and Relativity Assessment Issues

23350 **Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography**

Global: 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** April 2011 **2013 Medicare Utilization:** 34,926

2007 Work RVU: 1.00 **2015 Work RVU:** 1.00
2007 NF PE RVU: 3.23 **2015 NF PE RVU:** 2.63
2007 Fac PE RVU 0.32 **201 Fac PE RVU:** 0.38

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Maintain

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

23405 **Tenotomy, shoulder area; single tendon**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 3,034

2007 Work RVU: 8.43 **2015 Work RVU:** 8.54
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.69 **201 Fac PE RVU:** 7.77

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

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

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

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

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 4,600

2007 Work RVU: 12.63 **2015 Work RVU:** 11.39
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.02 **201 Fac PE RVU:** 9.98

RUC Recommendation: 11.23 **CPT Action (if applicable):** **Result:** Decrease

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

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

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 18,951

2007 Work RVU: 13.55 **2015 Work RVU:** 11.93
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.49 **201 Fac PE RVU:** 10.23

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

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

Status Report: CMS Requests and Relativity Assessment Issues

23415 **Coracoacromial ligament release, with or without acromioplasty**

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

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

First Identified: September 2007 **2013 Medicare Utilization:** 908

2007 Work RVU: 10.09 **2015 Work RVU:** 9.23
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.65 **201 Fac PE RVU:** 8.93

RUC Recommendation: 9.23

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

Result: Decrease

23420 **Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)**

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

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

First Identified: September 2007 **2013 Medicare Utilization:** 6,695

2007 Work RVU: 14.75 **2015 Work RVU:** 13.54
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.59 **201 Fac PE RVU:** 11.64

RUC Recommendation: 13.35

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

Result: Decrease

23430 **Tenodesis of long tendon of biceps**

Global: 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 12 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2013 Medicare Utilization:** 13,182

2007 Work RVU: 10.05 **2015 Work RVU:** 10.17
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.78 **201 Fac PE RVU:** 9.32

RUC Recommendation: 10.17

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

Result: Maintain

23440 **Resection or transplantation of long tendon of biceps**

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

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

First Identified: September 2007 **2013 Medicare Utilization:** 1,966

2007 Work RVU: 10.53 **2015 Work RVU:** 10.64
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.91 **201 Fac PE RVU:** 9.01

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

23472 **Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2013 Medicare Utilization:** 35,707

2007 Work RVU: 22.47 **2015 Work RVU:** 22.13
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.89 **201 Fac PE RVU:** 15.60

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

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

23600 **Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation**

Global: 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2011 **2013 Medicare Utilization:** 37,678

2007 Work RVU: 3.00 **2015 Work RVU:** 3.00
2007 NF PE RVU: 4.43 **2015 NF PE RVU:** 5.73
2007 Fac PE RVU 3.58 **201 Fac PE RVU:** 5.19

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

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

25116 **Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum**

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

Most Recent RUC Meeting: October 2010 **Tab** 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS **First Identified:** September 2007 **2013 Medicare Utilization:** 980

2007 Work RVU: 7.38 **2015 Work RVU:** 7.56
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **201 Fac PE RVU:** 8.23

RUC Recommendation: 7.56 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

25210 **Carpectomy; 1 bone**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 2,204

2007 Work RVU: 6.01 **2015 Work RVU:** 6.12
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **201 Fac PE RVU:** 6.73

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

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,201

2007 Work RVU: 7.89 **2015 Work RVU:** 8.04
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.3 **201 Fac PE RVU:** 8.52

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

25280 **Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,408

2007 Work RVU: 7.28 **2015 Work RVU:** 7.39
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.6 **201 Fac PE RVU:** 7.42

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

25310 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon**

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

Most Recent RUC Meeting: February 2008 **Tab** 15 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 7,190

2007 Work RVU: 8.26 **2015 Work RVU:** 8.08
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.99 **201 Fac PE RVU:** 8.19

RUC Recommendation: 7.94 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

25606 **Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2013 Medicare Utilization:** 4,479

2007 Work RVU: 8.10 **2015 Work RVU:** 8.31
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.41 **201 Fac PE RVU:** 9.03
Result: Maintain

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

CPT Action (if applicable):

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

25607 **Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2013 Medicare Utilization:** 8,659

2007 Work RVU: 9.35 **2015 Work RVU:** 9.56
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.26 **201 Fac PE RVU:** 9.66
Result: Maintain

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

CPT Action (if applicable):

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

25608 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2013 Medicare Utilization:** 6,975

2007 Work RVU: 10.86 **2015 Work RVU:** 11.07
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.88 **201 Fac PE RVU:** 10.44
Result: Maintain

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

CPT Action (if applicable):

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

Status Report: CMS Requests and Relativity Assessment Issues

25609 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** January 2014 **2013 Medicare Utilization:** 13,403

2007 Work RVU: 14.12 **2015 Work RVU:** 14.38
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.77 **201 Fac PE RVU:** 12.93

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

CPT Action (if applicable):

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

Result: Maintain

26080 **Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,736

2007 Work RVU: 4.36 **2015 Work RVU:** 4.47
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **201 Fac PE RVU:** 5.84

RUC Recommendation: Maintain

CPT Action (if applicable):

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

Result: Maintain

26356 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 20 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,229

2007 Work RVU: 10.22 **2015 Work RVU:** 10.62
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 17.22 **201 Fac PE RVU:** 18.31

RUC Recommendation: Survey for January 2015

CPT Action (if applicable):

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

26357 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** April 2014 **2013 Medicare Utilization:** 64

2007 Work RVU: 8.65 **2015 Work RVU:** 8.77
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 14.29 **201 Fac PE RVU:** 14.08

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

26358 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** April 2014 **2013 Medicare Utilization:** 43

2007 Work RVU: 9.22 **2015 Work RVU:** 9.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.19 **201 Fac PE RVU:** 14.53

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

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Tendon Transfer **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** October 2008 **2013 Medicare Utilization:** 7,325

2007 Work RVU: 6.76 **2015 Work RVU:** 6.90
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.68 **201 Fac PE RVU:** 13.06

RUC Recommendation: 6.76 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27048 **Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 05 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 492

2007 Work RVU: 6.44 **2015 Work RVU:** 8.85
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **201 Fac PE RVU:** 6.76

RUC Recommendation: 8.74 **CPT Action (if applicable):** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27062 **Excision; trochanteric bursa or calcification**

Global: 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 32 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2013 Medicare Utilization:** 1,495

2007 Work RVU: 5.66 **2015 Work RVU:** 5.75
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.05 **201 Fac PE RVU:** 6.18

RUC Recommendation: 5.66

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

Result: Maintain

27096 **Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed**

Global: 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS

First Identified: October 2009 **2013 Medicare Utilization:** 362,076

2007 Work RVU: 1.40 **2015 Work RVU:** 1.48
2007 NF PE RVU: 3.88 **2015 NF PE RVU:** 2.96
2007 Fac PE RVU 0.33 **201 Fac PE RVU:** 0.82

RUC Recommendation: 1.48

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

27130 **Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS

First Identified: September 2011 **2013 Medicare Utilization:** 129,950

2007 Work RVU: 21.61 **2015 Work RVU:** 20.72
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.96 **201 Fac PE RVU:** 14.36

RUC Recommendation: 21.79

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

27134 **Revision of total hip arthroplasty; both components, with or without autograft or allograft**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** January 2014 **2013 Medicare Utilization:** 11,450

2007 Work RVU: 30.13 **2015 Work RVU:** 30.28
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 17.08 **201 Fac PE RVU:** 19.14

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

CPT Action (if applicable):

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

Result: Maintain

27193 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**

Global: 090 **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAOS **First Identified:** July 2013 **2013 Medicare Utilization:** 19,923

2007 Work RVU: 5.98 **2015 Work RVU:** 6.09
2007 NF PE RVU: 4.98 **2015 NF PE RVU:** 6.21
2007 Fac PE RVU 4.98 **201 Fac PE RVU:** 6.39

RUC Recommendation: Refer to CPT for deletion

CPT Action (if applicable): CPT 2016 cycle

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

Result:

27236 **Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement**

Global: 090 **Issue:** Open Treatment of Femoral Fracture **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2013 Medicare Utilization:** 62,437

2007 Work RVU: 17.43 **2015 Work RVU:** 17.61
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.85 **201 Fac PE RVU:** 13.38

RUC Recommendation: 17.61

CPT Action (if applicable):

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

Result: Maintain

27244 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2008 **2013 Medicare Utilization:** 16,071

2007 Work RVU: 17.08 **2015 Work RVU:** 18.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.91 **201 Fac PE RVU:** 13.69

RUC Recommendation: 18.00

CPT Action (if applicable):

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

27245 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2013 Medicare Utilization:** 77,054

2007 Work RVU: 21.09 **2015 Work RVU:** 18.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.19 **201 Fac PE RVU:** 13.69

RUC Recommendation: 18.00 **CPT Action (if applicable):** **Result:** Decrease

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

27250 **Closed treatment of hip dislocation, traumatic; without anesthesia**

Global: 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 18 **Specialty Developing Recommendation:** ACEP **First Identified:** September 2007 **2013 Medicare Utilization:** 3,237

2007 Work RVU: 7.21 **2015 Work RVU:** 3.82
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.54 **201 Fac PE RVU:** 0.78

RUC Recommendation: 3.82 **CPT Action (if applicable):** **Result:** Decrease

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

27324 **Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)**

Global: 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 810

2007 Work RVU: 4.95 **2015 Work RVU:** 5.04
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **201 Fac PE RVU:** 5.22

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

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

Status Report: CMS Requests and Relativity Assessment Issues

27370 **Injection of contrast for knee arthrography**

Global: 000 **Issue:** Injection for Knee Arthrography **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** February 2008 **2013 Medicare Utilization:** 83,321

2007 Work RVU: 0.96 **2015 Work RVU:** 0.96
2007 NF PE RVU: 3.47 **2015 NF PE RVU:** 3.33
2007 Fac PE RVU 0.32 **201 Fac PE RVU:** 0.39

RUC Recommendation: Review claims data at RAW Sept 2017. Revised at CPT

CPT Action (if applicable): February 2014 **Result:** Maintain

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

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27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2013 Medicare Utilization:** 14,184

2007 Work RVU: 16.26 **2015 Work RVU:** 17.48
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.81 **201 Fac PE RVU:** 12.54

RUC Recommendation: 17.48

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

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

27447 **Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2013 Medicare Utilization:** 276,129

2007 Work RVU: 23.04 **2015 Work RVU:** 20.72
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 14.14 **201 Fac PE RVU:** 14.35

RUC Recommendation: 19.60

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

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

Status Report: CMS Requests and Relativity Assessment Issues

27615 **Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm**

Global: 090 **Issue:** Radical Resecion of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 517

2007 Work RVU: 12.93 **2015 Work RVU:** 15.72
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.07 **201 Fac PE RVU:** 10.52

RUC Recommendation: 15.54 **CPT Action (if applicable):** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27619 **Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 674

2007 Work RVU: 8.47 **2015 Work RVU:** 6.91
2007 NF PE RVU: 9.65 **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.79 **201 Fac PE RVU:** 5.54

RUC Recommendation: 6.80 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27640 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,398

2007 Work RVU: 12.10 **2015 Work RVU:** 12.24
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **201 Fac PE RVU:** 9.57

RUC Recommendation: 12.10 **CPT Action (if applicable):** June 2008 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27641 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2013 Medicare Utilization:** 790

2007 Work RVU: 9.73 **2015 Work RVU:** 9.84
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.96 **201 Fac PE RVU:** 7.72

RUC Recommendation: 9.72 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27650 **Repair, primary, open or percutaneous, ruptured Achilles tendon;**
Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2013 Medicare Utilization:** 2,252

2007 Work RVU: 9.94 **2015 Work RVU:** 9.21
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **201 Fac PE RVU:** 8.29

RUC Recommendation: 9.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27654 **Repair, secondary, Achilles tendon, with or without graft**
Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 33 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 2,027

2007 Work RVU: 10.32 **2015 Work RVU:** 10.53
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **201 Fac PE RVU:** 8.33

RUC Recommendation: 10.32 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27685 **Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)**
Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 3,836

2007 Work RVU: 6.57 **2015 Work RVU:** 6.69
2007 NF PE RVU: 7.68 **2015 NF PE RVU:** 11.44
2007 Fac PE RVU 5.26 **201 Fac PE RVU:** 5.74

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

27687 **Gastrocnemius recession (eg, Strayer procedure)**
Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 4,691

2007 Work RVU: 6.30 **2015 Work RVU:** 6.41
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.12 **201 Fac PE RVU:** 5.73

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

Status Report: CMS Requests and Relativity Assessment Issues

27690 **Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)**

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

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,695

2007 Work RVU: 8.96 **2015 Work RVU:** 9.17
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **201 Fac PE RVU:** 7.66

RUC Recommendation: 8.96 **CPT Action (if applicable):** **Result:** Maintain

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

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

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

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 3,715

2007 Work RVU: 10.28 **2015 Work RVU:** 10.49
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.51 **201 Fac PE RVU:** 9.32

RUC Recommendation: 10.28 **CPT Action (if applicable):** **Result:** Maintain

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

27792 **Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed**

Global: 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2013 Medicare Utilization:** 6,903

2007 Work RVU: 7.91 **2015 Work RVU:** 8.75
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.71 **201 Fac PE RVU:** 8.36

RUC Recommendation: 9.71 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

27814 **Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed**

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

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

First Identified: January 2014 **2013 Medicare Utilization:** 11,814

2007 Work RVU: 11.10 **2015 Work RVU:** 10.62
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.25 **201 Fac PE RVU:** 9.54

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

CPT Action (if applicable):

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

Result: Maintain

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation**

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

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

First Identified: September 2007 **2013 Medicare Utilization:** 2,427

2007 Work RVU: 5.57 **2015 Work RVU:** 5.69
2007 NF PE RVU: 6.14 **2015 NF PE RVU:** 7.14
2007 Fac PE RVU 5 **201 Fac PE RVU:** 5.72

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

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

Result: PE Only

28002 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

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

First Identified: January 2014 **2013 Medicare Utilization:** 6,012

2007 Work RVU: 5.78 **2015 Work RVU:** 5.34
2007 NF PE RVU: 5.44 **2015 NF PE RVU:** 6.87
2007 Fac PE RVU 3.74 **201 Fac PE RVU:** 3.30

RUC Recommendation: Maintain

CPT Action (if applicable):

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

28111 **Ostectomy, complete excision; first metatarsal head**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,078

2007 Work RVU: 5.06 **2015 Work RVU:** 5.15
2007 NF PE RVU: 6.55 **2015 NF PE RVU:** 8.58
2007 Fac PE RVU 3.58 **201 Fac PE RVU:** 3.68

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

28118 **Ostectomy, calcaneus;**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 2,304

2007 Work RVU: 6.02 **2015 Work RVU:** 6.13
2007 NF PE RVU: 6.68 **2015 NF PE RVU:** 10.25
2007 Fac PE RVU 4.28 **201 Fac PE RVU:** 4.99

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

28120 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 4,783

2007 Work RVU: 5.64 **2015 Work RVU:** 7.31
2007 NF PE RVU: 7.5 **2015 NF PE RVU:** 11.27
2007 Fac PE RVU 4.31 **201 Fac PE RVU:** 6.05

RUC Recommendation: 8.27

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

28122 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 13,004

2007 Work RVU: 7.56 **2015 Work RVU:** 6.76
2007 NF PE RVU: 7.27 **2015 NF PE RVU:** 9.83
2007 Fac PE RVU 5.17 **201 Fac PE RVU:** 5.20

RUC Recommendation: 7.72 **CPT Action (if applicable):** **Result:** Maintain

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

28124 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 13,178

2007 Work RVU: 4.88 **2015 Work RVU:** 5.00
2007 NF PE RVU: 5.46 **2015 NF PE RVU:** 8.36
2007 Fac PE RVU 3.62 **201 Fac PE RVU:** 4.07

RUC Recommendation: Remove 99238 **CPT Action (if applicable):** **Result:** PE Only

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

28285 **Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)**

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2013 Medicare Utilization:** 88,449

2007 Work RVU: 4.65 **2015 Work RVU:** 5.62
2007 NF PE RVU: 5.34 **2015 NF PE RVU:** 9.29
2007 Fac PE RVU 3.42 **201 Fac PE RVU:** 4.69

RUC Recommendation: 5.62 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

Global: 090 **Issue:** Correction of Bunion **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Medicare Utilization:** 3,639

2007 Work RVU: 11.10 **2015 Work RVU:** 11.48
2007 NF PE RVU: 11.72 **2015 NF PE RVU:** 17.74
2007 Fac PE RVU 6.34 **201 Fac PE RVU:** 8.00

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

28296 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)**

Global: 090 **Issue:** Hallus Valgus Correction **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2013 Medicare Utilization:** 16,489

2007 Work RVU: 9.31 **2015 Work RVU:** 8.35
2007 NF PE RVU: 8.54 **2015 NF PE RVU:** 11.48
2007 Fac PE RVU 5.29 **201 Fac PE RVU:** 5.89

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

28298 **Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy**

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

Most Recent RUC Meeting: January 2015 **Tab** 21 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 2,859

2007 Work RVU: 8.01 **2015 Work RVU:** 8.13
2007 NF PE RVU: 7.74 **2015 NF PE RVU:** 11.80
2007 Fac PE RVU 4.91 **201 Fac PE RVU:** 5.54

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

28300 **Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 2,411

2007 Work RVU: 9.61 **2015 Work RVU:** 9.73
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.81 **201 Fac PE RVU:** 7.56

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

Status Report: CMS Requests and Relativity Assessment Issues

28310 **Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 2,420

2007 Work RVU: 5.48 **2015 Work RVU:** 5.57
2007 NF PE RVU: 6.2 **2015 NF PE RVU:** 9.71
2007 Fac PE RVU 3.53 **201 Fac PE RVU:** 4.18

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

28470 **Closed treatment of metatarsal fracture; without manipulation, each**

Global: 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2013 Medicare Utilization:** 38,534

2007 Work RVU: 1.99 **2015 Work RVU:** 2.03
2007 NF PE RVU: 3.05 **2015 NF PE RVU:** 3.95
2007 Fac PE RVU 2.43 **201 Fac PE RVU:** 3.53

RUC Recommendation: 2.03

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

Result: Maintain

28725 **Arthrodesis; subtalar**

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

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 3,310

2007 Work RVU: 11.97 **2015 Work RVU:** 11.22
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.93 **201 Fac PE RVU:** 9.36

RUC Recommendation: 12.18

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

Result: Maintain

28730 **Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;**

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

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 2,474

2007 Work RVU: 12.21 **2015 Work RVU:** 10.70
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.32 **201 Fac PE RVU:** 8.74

RUC Recommendation: 12.42

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

28740 **Arthrodesis, midtarsal or tarsometatarsal, single joint**

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

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

First Identified: September 2007 **2013 Medicare Utilization:** 3,056

2007 Work RVU: 9.09 **2015 Work RVU:** 9.29
2007 NF PE RVU: 10.89 **2015 NF PE RVU:** 13.89
2007 Fac PE RVU 6.37 **201 Fac PE RVU:** 7.39

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

28825 **Amputation, toe; interphalangeal joint**

Global: 090 **Issue:** Partial Amputation of Toe **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 21 **Specialty Developing Recommendation:** AOFAS, ACS, APMA, AAOS, SVS

First Identified: September 2007 **2013 Medicare Utilization:** 11,923

2007 Work RVU: 3.71 **2015 Work RVU:** 5.37
2007 NF PE RVU: 7.04 **2015 NF PE RVU:** 9.54
2007 Fac PE RVU 3.4 **201 Fac PE RVU:** 4.63

RUC Recommendation: 6.01

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

Result: Increase

29075 **Application, cast; elbow to finger (short arm)**

Global: 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 16 **Specialty Developing Recommendation:** AAOS, ASSH

First Identified: April 2011 **2013 Medicare Utilization:** 71,536

2007 Work RVU: 0.77 **2015 Work RVU:** 0.77
2007 NF PE RVU: 1.25 **2015 NF PE RVU:** 1.58
2007 Fac PE RVU 0.68 **201 Fac PE RVU:** 0.89

RUC Recommendation: 0.77

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

Result: Maintain

29200 **Strapping; thorax**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013 **2013 Medicare Utilization:** 17,954

2007 Work RVU: 0.65 **2015 Work RVU:** 0.39
2007 NF PE RVU: 0.69 **2015 NF PE RVU:** 0.44
2007 Fac PE RVU 0.34 **201 Fac PE RVU:** 0.11

RUC Recommendation: 0.39

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29220 **Deleted from CPT**

Global: 000 **Issue:** Strapping; low back **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAFP

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.64 **2015 Work RVU:**
2007 NF PE RVU: 0.69 **2015 NF PE RVU:**
2007 Fac PE RVU 0.38 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

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29240 **Strapping; shoulder (eg, Velpeau)**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013 **2013 Medicare Utilization:** 28,177

2007 Work RVU: 0.71 **2015 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2015 NF PE RVU:** 0.41
2007 Fac PE RVU 0.37 **201 Fac PE RVU:** 0.12

RUC Recommendation: 0.39

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

29260 **Strapping; elbow or wrist**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: October 2013 **2013 Medicare Utilization:** 6,724

2007 Work RVU: 0.55 **2015 Work RVU:** 0.39
2007 NF PE RVU: 0.72 **2015 NF PE RVU:** 0.40
2007 Fac PE RVU 0.33 **201 Fac PE RVU:** 0.13

RUC Recommendation: 0.39

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

29280 **Strapping; hand or finger**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: October 2013 **2013 Medicare Utilization:** 5,899

2007 Work RVU: 0.51 **2015 Work RVU:** 0.39
2007 NF PE RVU: 0.77 **2015 NF PE RVU:** 0.41
2007 Fac PE RVU 0.33 **201 Fac PE RVU:** 0.14

RUC Recommendation: 0.39

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

Status Report: CMS Requests and Relativity Assessment Issues

29520 **Strapping; hip**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013 **2013 Medicare Utilization:** 16,570

2007 Work RVU: 0.54 **2015 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2015 NF PE RVU:** 0.47
2007 Fac PE RVU 0.45 **201 Fac PE RVU:** 0.12

RUC Recommendation: 0.39

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

Result: Decrease

29530 **Strapping; knee**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013 **2013 Medicare Utilization:** 39,053

2007 Work RVU: 0.57 **2015 Work RVU:** 0.39
2007 NF PE RVU: 0.75 **2015 NF PE RVU:** 0.39
2007 Fac PE RVU 0.34 **201 Fac PE RVU:** 0.11

RUC Recommendation: 0.39

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

Result: Decrease

29540 **Strapping; ankle and/or foot**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 34 **Specialty Developing Recommendation:** APMA

First Identified: October 2009 **2013 Medicare Utilization:** 274,057

2007 Work RVU: 0.51 **2015 Work RVU:** 0.39
2007 NF PE RVU: 0.45 **2015 NF PE RVU:** 0.32
2007 Fac PE RVU 0.31 **201 Fac PE RVU:** 0.10

RUC Recommendation: 0.39

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

Result: Decrease

29550 **Strapping; toes**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 34 **Specialty Developing Recommendation:** APMA

First Identified: February 2010 **2013 Medicare Utilization:** 77,607

2007 Work RVU: 0.47 **2015 Work RVU:** 0.25
2007 NF PE RVU: 0.46 **2015 NF PE RVU:** 0.27
2007 Fac PE RVU 0.29 **201 Fac PE RVU:** 0.06

RUC Recommendation: 0.25

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29590 **Denis-Browne splint strapping**

Global: 000 **Issue:** Dennis-Browne splint revision **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.76 **2015 Work RVU:**
2007 NF PE RVU: 0.54 **2015 NF PE RVU:**
2007 Fac PE RVU 0.29 **201 Fac PE RVU:**

RUC Recommendation: Refer to CPT for deletion **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

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

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Medicare Utilization:** 900

2007 Work RVU: 5.94 **2015 Work RVU:** 6.03
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.44 **201 Fac PE RVU:** 6.32

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

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

29822 **Arthroscopy, shoulder, surgical; debridement, limited**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2013 Medicare Utilization:** 19,002

2007 Work RVU: 7.49 **2015 Work RVU:** 7.60
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.43 **201 Fac PE RVU:** 7.42

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

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

29823 **Arthroscopy, shoulder, surgical; debridement, extensive**

Global: 090 **Issue:** **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2012 **2013 Medicare Utilization:** 35,976

2007 Work RVU: 8.24 **2015 Work RVU:** 8.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.94 **201 Fac PE RVU:** 8.03

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

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

Status Report: CMS Requests and Relativity Assessment Issues

29824 **Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2013 Medicare Utilization:** 39,384

2007 Work RVU: 8.82 **2015 Work RVU:** 8.98
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.3 **201 Fac PE RVU:** 8.71

RUC Recommendation: 8.82. Re-review October 2015

CPT Action (if applicable):

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

Result: Maintain

29826 **Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2013 Medicare Utilization:** 77,149

2007 Work RVU: 9.05 **2015 Work RVU:** 3.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.21 **201 Fac PE RVU:** 1.51

RUC Recommendation: 3.00. Re-review October 2015

CPT Action (if applicable):

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

Result: Decrease

29827 **Arthroscopy, shoulder, surgical; with rotator cuff repair**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2013 Medicare Utilization:** 57,747

2007 Work RVU: 15.44 **2015 Work RVU:** 15.59
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.01 **201 Fac PE RVU:** 12.24

RUC Recommendation: Re-review October 2015. 15.59. Maintain work RVU and adjust the times from pre-time package 3.

CPT Action (if applicable):

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

29828 **Arthroscopy, shoulder, surgical; biceps tenodesis**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2013 Medicare Utilization:** 10,558

2007 Work RVU: **2015 Work RVU:** 13.16
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 10.80

RUC Recommendation: 13.16. Re-review October 2015 **CPT Action (if applicable):** **Result:** Maintain

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

29830 **Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Medicare Utilization:** 166

2007 Work RVU: 5.80 **2015 Work RVU:** 5.88
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **201 Fac PE RVU:** 6.05

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

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

29840 **Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Medicare Utilization:** 102

2007 Work RVU: 5.59 **2015 Work RVU:** 5.68
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.16 **201 Fac PE RVU:** 6.16

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

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

Status Report: CMS Requests and Relativity Assessment Issues

29870 **Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Medicare Utilization:** 1,537

2007 Work RVU: 5.11 **2015 Work RVU:** 5.19
2007 NF PE RVU: NA **2015 NF PE RVU:** 10.52
2007 Fac PE RVU 4.72 **201 Fac PE RVU:** 5.62

RUC Recommendation: New PE non-facility inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**

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

Most Recent RUC Meeting: April 2008 **Tab** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,575

2007 Work RVU: 14.14 **2015 Work RVU:** 14.30
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **201 Fac PE RVU:** 11.28

RUC Recommendation: 14.14 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

29900 **Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Medicare Utilization:** 2

2007 Work RVU: 5.74 **2015 Work RVU:** 5.88
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **201 Fac PE RVU:** 5.73

RUC Recommendation: No NF PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

30465 **Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)**

Global: 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2013 Medicare Utilization:** 2,146

2007 Work RVU: 12.20 **2015 Work RVU:** 12.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.58 **201 Fac PE RVU:** 13.77

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

Status Report: CMS Requests and Relativity Assessment Issues

30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 35 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2009 **2013 Medicare Utilization:** 109,890

2007 Work RVU: 1.21 **2015 Work RVU:** 1.10
2007 NF PE RVU: 1.32 **2015 NF PE RVU:** 1.46
2007 Fac PE RVU 0.31 **201 Fac PE RVU:** 0.37

RUC Recommendation: 1.21 **CPT Action (if applicable):** **Result:** Maintain

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

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**

Global: 000 **Issue:** Diagnostic Nasal Endoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2013 Medicare Utilization:** 486,950

2007 Work RVU: 1.10 **2015 Work RVU:** 1.10
2007 NF PE RVU: 3.37 **2015 NF PE RVU:** 4.71
2007 Fac PE RVU 0.84 **201 Fac PE RVU:** 0.62

RUC Recommendation: 1.10 **CPT Action (if applicable):** **Result:** Maintain

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

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2011 **2013 Medicare Utilization:** 101,824

2007 Work RVU: 2.98 **2015 Work RVU:** 2.60
2007 NF PE RVU: 5.03 **2015 NF PE RVU:** 4.40
2007 Fac PE RVU 1.72 **201 Fac PE RVU:** 1.67

RUC Recommendation: 2.60 **CPT Action (if applicable):** **Result:** Decrease

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

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2012 **2013 Medicare Utilization:** 27,160

2007 Work RVU: 3.26 **2015 Work RVU:** 2.74
2007 NF PE RVU: 5.04 **2015 NF PE RVU:** 4.22
2007 Fac PE RVU 1.9 **201 Fac PE RVU:** 1.73

RUC Recommendation: 2.74 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2013 Medicare Utilization:** 1,196

2007 Work RVU: 9.23 **2015 Work RVU:** 9.04
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.59 **201 Fac PE RVU:** 7.54

RUC Recommendation: 9.04

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

Result: Decrease

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2013 Medicare Utilization:** 4,196

2007 Work RVU: 2.61 **2015 Work RVU:** 2.61
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.59 **201 Fac PE RVU:** 1.64

RUC Recommendation: 2.61

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

Result: Maintain

31571 **Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope**

Global: 000 **Issue:** Laryngoscopy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2013 Medicare Utilization:** 4,626

2007 Work RVU: 4.26 **2015 Work RVU:** 4.26
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **201 Fac PE RVU:** 2.37

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

31575 **Laryngoscopy, flexible fiberoptic; diagnostic**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2010 **2013 Medicare Utilization:** 622,990

2007 Work RVU: 1.10 **2015 Work RVU:** 1.10
2007 NF PE RVU: 1.82 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU 0.84 **201 Fac PE RVU:** 0.95

RUC Recommendation: Maintain

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

31579 **Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy**

Global: 000 **Issue:** Laryngoscopy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2013 Medicare Utilization:** 63,208

2007 Work RVU: 2.26 **2015 Work RVU:** 2.26
2007 NF PE RVU: 3.5 **2015 NF PE RVU:** 3.43
2007 Fac PE RVU 1.37 **201 Fac PE RVU:** 1.49

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

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31580 **Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal**

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

Most Recent RUC Meeting: January 2015 **Tab** 04 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2013 Medicare Utilization:** 16

2007 Work RVU: 14.46 **2015 Work RVU:** 14.66
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.31 **201 Fac PE RVU:** 18.16

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

31582 **Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**

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

Most Recent RUC Meeting: January 2015 **Tab** 04 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2013 Medicare Utilization:** 23

2007 Work RVU: 22.87 **2015 Work RVU:** 23.22
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 24.48 **201 Fac PE RVU:** 27.68

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

31584 **Laryngoplasty; with open reduction of fracture**

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

Most Recent RUC Meeting: January 2015 **Tab** 04 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2013 Medicare Utilization:** 13

2007 Work RVU: 20.35 **2015 Work RVU:** 20.47
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 17.19 **201 Fac PE RVU:** 19.81

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

Status Report: CMS Requests and Relativity Assessment Issues

31587 **Laryngoplasty, cricoid split**

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

Most Recent RUC Meeting: January 2015 **Tab** 04 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2013 Medicare Utilization:** 19

2007 Work RVU: 15.12 **2015 Work RVU:** 15.27
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.96 **201 Fac PE RVU:** 11.21

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

31588 **Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)**

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

Most Recent RUC Meeting: January 2015 **Tab** 04 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **2013 Medicare Utilization:** 1,228

2007 Work RVU: 14.62 **2015 Work RVU:** 14.99
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.07 **201 Fac PE RVU:** 15.48

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

3160X1

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 5.00 **CPT Action (if applicable):** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

3160X2

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 5.50 **CPT Action (if applicable):** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

3160X3

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 1.70 **CPT Action (if applicable):** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31611 **Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)**

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2013 Medicare Utilization:** 872

2007 Work RVU: 5.92 **2015 Work RVU:** 6.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.92 **201 Fac PE RVU:** 8.59

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

31620 **Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2013 Medicare Utilization:** 21,440

2007 Work RVU: 1.40 **2015 Work RVU:** 1.40
2007 NF PE RVU: 5.73 **2015 NF PE RVU:** 6.66
2007 Fac PE RVU 0.5 **201 Fac PE RVU:** 0.42

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31622 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2013 Medicare Utilization:** 75,546

2007 Work RVU: 2.78 **2015 Work RVU:** 2.78
2007 NF PE RVU: 5.55 **2015 NF PE RVU:** 5.83
2007 Fac PE RVU 1.02 **201 Fac PE RVU:** 1.11

RUC Recommendation: 2.78 **CPT Action (if applicable):** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31625 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2013 Medicare Utilization:** 25,349

2007 Work RVU: 3.36 **2015 Work RVU:** 3.36
2007 NF PE RVU: 5.73 **2015 NF PE RVU:** 5.82
2007 Fac PE RVU 1.17 **201 Fac PE RVU:** 1.25

RUC Recommendation: 3.36 **CPT Action (if applicable):** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31626 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2013 Medicare Utilization:** 1,844

2007 Work RVU: **2015 Work RVU:** 4.16
2007 NF PE RVU: **2015 NF PE RVU:** 8.12
2007 Fac PE RVU **201 Fac PE RVU:** 1.50

RUC Recommendation: 4.16 **CPT Action (if applicable):** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31628 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2013 Medicare Utilization:** 37,336

2007 Work RVU: 3.80 **2015 Work RVU:** 3.80
2007 NF PE RVU: 7.02 **2015 NF PE RVU:** 6.49
2007 Fac PE RVU 1.26 **201 Fac PE RVU:** 1.37

RUC Recommendation: 3.80 **CPT Action (if applicable):** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31629 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2013 Medicare Utilization:** 25,289

2007 Work RVU: 4.09 **2015 Work RVU:** 4.09
2007 NF PE RVU: 13.7 **2015 NF PE RVU:** 12.33
2007 Fac PE RVU 1.35 **201 Fac PE RVU:** 1.46

RUC Recommendation: 4.00 **CPT Action (if applicable):** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31632 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2013 Medicare Utilization:** 3,902

2007 Work RVU: 1.03 **2015 Work RVU:** 1.03
2007 NF PE RVU: 0.83 **2015 NF PE RVU:** 0.93
2007 Fac PE RVU 0.3 **201 Fac PE RVU:** 0.31

RUC Recommendation: 1.03 **CPT Action (if applicable):** **Result:** Maintain

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

31633 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2013 Medicare Utilization:** 9,293

2007 Work RVU: 1.32 **2015 Work RVU:** 1.32
2007 NF PE RVU: 0.94 **2015 NF PE RVU:** 1.08
2007 Fac PE RVU 0.38 **201 Fac PE RVU:** 0.40

RUC Recommendation: 1.32 **CPT Action (if applicable):** **Result:** Maintain

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

32201 **Pneumonostomy; with percutaneous drainage of abscess or cyst**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Medicare Utilization:** 312

2007 Work RVU: 3.99 **2015 Work RVU:**
2007 NF PE RVU: 20.21 **2015 NF PE RVU:**
2007 Fac PE RVU 1.26 **201 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

32420 **Pneumocentesis, puncture of lung for aspiration**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: 2.18 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0.66 **201 Fac PE RVU:**

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

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

32421 **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

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

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

32422 **Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

32440 **Removal of lung, pneumonectomy;**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2013 Medicare Utilization:** 558

2007 Work RVU: 27.17 **2015 Work RVU:** 27.28
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.44 **201 Fac PE RVU:** 11.87

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Result: Remove from screen

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

32480 **Removal of lung, other than pneumonectomy; single lobe (lobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2013 Medicare Utilization:** 8,447

2007 Work RVU: 25.71 **2015 Work RVU:** 25.82
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.63 **201 Fac PE RVU:** 11.17

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Result: Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2013 Medicare Utilization:** 600

2007 Work RVU: 27.28 **2015 Work RVU:** 27.44
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.48 **201 Fac PE RVU:** 12.26

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Result: Remove from Screen

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

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2013 Medicare Utilization:** 43

2007 Work RVU: 25.09 **2015 Work RVU:** 25.24
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **201 Fac PE RVU:** 11.70

RUC Recommendation: Request further information from CMS

CPT Action (if applicable):

Result:

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

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)**

Global: 000 **Issue:** Chest Tube Thoracostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** April 2011 **2013 Medicare Utilization:** 42,028

2007 Work RVU: **2015 Work RVU:** 3.29
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.09

RUC Recommendation: 3.50

CPT Action (if applicable): February 2012

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2013 Medicare Utilization:** 26,867

2007 Work RVU: **2015 Work RVU:** 1.82
2007 NF PE RVU: **2015 NF PE RVU:** 3.70
2007 Fac PE RVU **201 Fac PE RVU:** 0.57

RUC Recommendation: 1.82 **CPT Action (if applicable):** February 2012 **Result:** Decrease

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

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2013 Medicare Utilization:** 188,813

2007 Work RVU: **2015 Work RVU:** 2.27
2007 NF PE RVU: **2015 NF PE RVU:** 5.73
2007 Fac PE RVU **201 Fac PE RVU:** 0.79

RUC Recommendation: 2.27 **CPT Action (if applicable):** February 2012 **Result:** Decrease

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

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2013 Medicare Utilization:** 4,067

2007 Work RVU: **2015 Work RVU:** 2.50
2007 NF PE RVU: **2015 NF PE RVU:** 12.98
2007 Fac PE RVU **201 Fac PE RVU:** 0.79

RUC Recommendation: 2.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease

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

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2013 Medicare Utilization:** 33,175

2007 Work RVU: **2015 Work RVU:** 3.12
2007 NF PE RVU: **2015 NF PE RVU:** 11.10
2007 Fac PE RVU **201 Fac PE RVU:** 1.05

RUC Recommendation: 3.62 **CPT Action (if applicable):** February 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)**

Global: 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** STS

First Identified: October 2008 **2013 Medicare Utilization:** 6,154

2007 Work RVU: 24.56 **2015 Work RVU:** 24.64
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.44 **201 Fac PE RVU:** 10.39

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Result: Remove from Screen

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

33207 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Medicare Utilization:** 22,159

2007 Work RVU: 9.05 **2015 Work RVU:** 8.05
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **201 Fac PE RVU:** 4.35

RUC Recommendation: 8.05

CPT Action (if applicable): February 2011

Result: Maintain

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

33208 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Medicare Utilization:** 108,432

2007 Work RVU: 8.12 **2015 Work RVU:** 8.77
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **201 Fac PE RVU:** 4.64

RUC Recommendation: 8.77

CPT Action (if applicable): February 2011

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33212 **Insertion of pacemaker pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Medicare Utilization:** 1,473

2007 Work RVU: 5.51 **2015 Work RVU:** 5.26
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.46 **201 Fac PE RVU:** 3.18

RUC Recommendation: 5.26

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

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

33213 **Insertion of pacemaker pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2013 Medicare Utilization:** 4,555

2007 Work RVU: 6.36 **2015 Work RVU:** 5.53
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.87 **201 Fac PE RVU:** 3.27

RUC Recommendation: 5.53

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

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

33221 **Insertion of pacemaker pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2013 Medicare Utilization:** 364

2007 Work RVU: **2015 Work RVU:** 5.80
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.65

RUC Recommendation: 5.80

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

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

Status Report: CMS Requests and Relativity Assessment Issues

33227 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2013 Medicare Utilization:** 7,868

2007 Work RVU: **2015 Work RVU:** 5.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.38

RUC Recommendation: 5.50

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

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

33228 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2013 Medicare Utilization:** 36,731

2007 Work RVU: **2015 Work RVU:** 5.77
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.48

RUC Recommendation: 5.77

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

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

33229 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2013 Medicare Utilization:** 2,637

2007 Work RVU: **2015 Work RVU:** 6.04
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.68

RUC Recommendation: 6.04

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

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

Status Report: CMS Requests and Relativity Assessment Issues

33230 **Insertion of implantable defibrillator pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2013 Medicare Utilization:** 384

2007 Work RVU: **2015 Work RVU:** 6.32
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.64

RUC Recommendation: 6.32

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

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

33231 **Insertion of implantable defibrillator pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2013 Medicare Utilization:** 249

2007 Work RVU: **2015 Work RVU:** 6.59
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.92

RUC Recommendation: 6.59

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

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

33233 **Removal of permanent pacemaker pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Medicare Utilization:** 9,681

2007 Work RVU: 3.33 **2015 Work RVU:** 3.39
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.29 **201 Fac PE RVU:** 2.85

RUC Recommendation: 3.39

CPT Action (if applicable): February 2011 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33240 **Insertion of implantable defibrillator pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Medicare Utilization:** 1,232

2007 Work RVU: 7.61 **2015 Work RVU:** 6.05
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.79 **201 Fac PE RVU:** 3.51

RUC Recommendation: 6.06

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33241 **Removal of implantable defibrillator pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Medicare Utilization:** 9,016

2007 Work RVU: 3.26 **2015 Work RVU:** 3.29
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.99 **201 Fac PE RVU:** 2.56

RUC Recommendation: 3.29

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33249 **Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Medicare Utilization:** 50,871

2007 Work RVU: 15.02 **2015 Work RVU:** 15.17
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.89 **201 Fac PE RVU:** 8.20

RUC Recommendation: 15.17

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33262 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2013 Medicare Utilization:** 4,209

2007 Work RVU: **2015 Work RVU:** 6.06
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.68

RUC Recommendation: 6.06

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

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

33263 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2013 Medicare Utilization:** 14,870

2007 Work RVU: **2015 Work RVU:** 6.33
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.79

RUC Recommendation: 6.33

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

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

33264 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2013 Medicare Utilization:** 16,677

2007 Work RVU: **2015 Work RVU:** 6.60
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.94

RUC Recommendation: 6.60

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

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

Status Report: CMS Requests and Relativity Assessment Issues

33282 **Implantation of patient-activated cardiac event recorder**

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Medicare Utilization:** 10,082

2007 Work RVU: 4.70 **2015 Work RVU:** 3.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **201 Fac PE RVU:** 2.60

RUC Recommendation: 3.50

CPT Action (if applicable):

Result: Decrease

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

33284 **Removal of an implantable, patient-activated cardiac event recorder**

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Medicare Utilization:** 4,695

2007 Work RVU: 3.04 **2015 Work RVU:** 3.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.5 **201 Fac PE RVU:** 2.43

RUC Recommendation: 3.00

CPT Action (if applicable):

Result: Decrease

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

33405 **Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2013 Medicare Utilization:** 31,533

2007 Work RVU: 41.19 **2015 Work RVU:** 41.32
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 17.58 **201 Fac PE RVU:** 15.35

RUC Recommendation: 41.32

CPT Action (if applicable):

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008 **2013 Medicare Utilization:** 8,063

2007 Work RVU: 50.75 **2015 Work RVU:** 50.93
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 17.71 **201 Fac PE RVU:** 18.94

RUC Recommendation: 50.93

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

Result: Maintain

33533 **Coronary artery bypass, using arterial graft(s); single arterial graft**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2013 Medicare Utilization:** 65,044

2007 Work RVU: 33.64 **2015 Work RVU:** 33.75
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.55 **201 Fac PE RVU:** 12.99

RUC Recommendation: 34.98

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

Result: Increase

33620 **Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2013 Medicare Utilization:** 47

2007 Work RVU: **2015 Work RVU:** 30.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 6.87

RUC Recommendation: Develop CPT Assistant article

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

33621 **Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2013 Medicare Utilization:** 2

2007 Work RVU: **2015 Work RVU:** 16.18
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 7.19

RUC Recommendation: Develop CPT Assistant article

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

Result:

33622 **Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2013 Medicare Utilization:** 2

2007 Work RVU: **2015 Work RVU:** 64.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 19.69

RUC Recommendation: Develop CPT Assistant article

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

Result:

33863 **Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)**

Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** STS, AATS

First Identified: February 2008 **2013 Medicare Utilization:** 1,773

2007 Work RVU: 58.71 **2015 Work RVU:** 58.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 19.01 **201 Fac PE RVU:** 19.58

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

33945 **Heart transplant, with or without recipient cardiectomy**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:** 640

2007 Work RVU: 89.08 **2015 Work RVU:** 89.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 23.74 **201 Fac PE RVU:** 31.28

RUC Recommendation: 16.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33946 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 6.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.86

RUC Recommendation: 6.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33947 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 6.63
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 2.05

RUC Recommendation: 6.63 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33948 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.73
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.53

RUC Recommendation: 4.73 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33949 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.60
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.49

RUC Recommendation: 4.60 **CPT Action (if applicable):** February 2014 **Result:** Maintain

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

33951 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 8.15
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 2.79

RUC Recommendation: 8.15 **CPT Action (if applicable):** February 2014 **Result:** Maintain

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

33952 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 8.15
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 2.50

RUC Recommendation: 8.43 **CPT Action (if applicable):** February 2014 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33953 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.11
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.11

RUC Recommendation: 9.83 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33954 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.11
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 2.78

RUC Recommendation: 9.43 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33956 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 16.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 4.78

RUC Recommendation: 16.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33957 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.51
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.43

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33958 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.51
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.24

RUC Recommendation: 4.05 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33959 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.47
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.80

RUC Recommendation: 4.69 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2013 Medicare Utilization:** 440

2007 Work RVU: 19.33 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.09 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

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

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2013 Medicare Utilization:** 1,967

2007 Work RVU: 10.91 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.45 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

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

33962 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.47
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.35

RUC Recommendation: 4.73 **CPT Action (if applicable):** February 2014 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33963 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.51

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33964 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.22

RUC Recommendation: 9.50 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33965 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.51
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.43

RUC Recommendation: 3.51 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33966 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.36

RUC Recommendation: 4.50 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33969 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 5.22
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 2.09

RUC Recommendation: 6.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33984 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 5.46
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.63

RUC Recommendation: 6.38 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33985 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.89
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.84

RUC Recommendation: 9.89 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33986 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 10.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 2.90

RUC Recommendation: 10.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33987 **Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.04
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.13

RUC Recommendation: 4.08 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33988 **Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 15.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 4.27

RUC Recommendation: 15.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33989 **Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 2.76

RUC Recommendation: 9.50 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

34802 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACR, SCAI, SIR, SVS **First Identified:** January 2014 **2013 Medicare Utilization:** 12,525

2007 Work RVU: 23.71 **2015 Work RVU:** 23.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.38 **201 Fac PE RVU:** 7.73

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2017 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACR, SCAI, SIR, SVS **First Identified:** January 2014 **2013 Medicare Utilization:** 28,690

2007 Work RVU: 6.74 **2015 Work RVU:** 6.74
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.1 **201 Fac PE RVU:** 1.66

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2017 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACR, SCAI, SIR, SVS **First Identified:** January 2014 **2013 Medicare Utilization:** 12,140

2007 Work RVU: 12.72 **2015 Work RVU:** 12.80
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.89 **201 Fac PE RVU:** 4.90

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2017 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

35301 **Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision**

Global: 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 21 **Specialty Developing Recommendation:** SVS **First Identified:** September 2011 **2013 Medicare Utilization:** 48,136

2007 Work RVU: 19.53 **2015 Work RVU:** 21.16
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.04 **201 Fac PE RVU:** 7.37

RUC Recommendation: 21.16 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

35454 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 6.03 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 2.19 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35456 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 7.34 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 2.64 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35459 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 8.62 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.01 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35470 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2013 Medicare Utilization:**

2007 Work RVU: 8.62 **2015 Work RVU:**
2007 NF PE RVU: 81.78 **2015 NF PE RVU:**
2007 Fac PE RVU 3.37 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35471 **Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

Global: 000 **Issue:** Transluminal Balloon Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2009 **2013 Medicare Utilization:** 6,839

2007 Work RVU: 10.05 **2015 Work RVU:** 10.05
2007 NF PE RVU: 91.6 **2015 NF PE RVU:** 60.75
2007 Fac PE RVU 4.13 **201 Fac PE RVU:** 3.22

RUC Recommendation: Refer to CPT for bundling. **CPT Action (if applicable):** CPT 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35472 **Transluminal balloon angioplasty, percutaneous; aortic**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Medicare Utilization:** 678

2007 Work RVU: 6.90 **2015 Work RVU:** 6.90
2007 NF PE RVU: 60.05 **2015 NF PE RVU:** 44.91
2007 Fac PE RVU 2.75 **201 Fac PE RVU:** 2.09

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

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

35473 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 6.03 **2015 Work RVU:**
2007 NF PE RVU: 56.4 **2015 NF PE RVU:**
2007 Fac PE RVU 2.43 **201 Fac PE RVU:**

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

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

35474 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2013 Medicare Utilization:**

2007 Work RVU: 7.35 **2015 Work RVU:**
2007 NF PE RVU: 80.7 **2015 NF PE RVU:**
2007 Fac PE RVU 2.9 **201 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

35475 **Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

Global: 000 **Issue:** Transluminal Balloon Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: April 2012 **Tab** 41 **Specialty Developing Recommendation:** ACR, RPA, SIR **First Identified:** September 2011 **2013 Medicare Utilization:** 53,776

2007 Work RVU: 9.48 **2015 Work RVU:** 6.60
2007 NF PE RVU: 53.95 **2015 NF PE RVU:** 36.83
2007 Fac PE RVU 3.48 **201 Fac PE RVU:** 2.20

RUC Recommendation: Refer to CPT for bundling. 6.60

CPT Action (if applicable): CPT 2018 **Result:** Decrease

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

35476 **Transluminal balloon angioplasty, percutaneous; venous**

Global: 000 **Issue:** Transluminal Balloon Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: April 2012 **Tab** 41 **Specialty Developing Recommendation:** ACR, RPA, SIR **First Identified:** September 2011 **2013 Medicare Utilization:** 298,437

2007 Work RVU: 6.03 **2015 Work RVU:** 5.10
2007 NF PE RVU: 42.45 **2015 NF PE RVU:** 34.73
2007 Fac PE RVU 2.26 **201 Fac PE RVU:** 2.04

RUC Recommendation: Refer to CPT for bundling. 5.10

CPT Action (if applicable): CPT 2018 **Result:** Decrease

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

35490 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Medicare Utilization:**

2007 Work RVU: 11.06 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.11 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

35491 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS

First Identified: April 2008 **2013 Medicare Utilization:**

2007 Work RVU: 7.60 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.46 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

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

35492 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS

First Identified: April 2008 **2013 Medicare Utilization:**

2007 Work RVU: 6.64 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.3 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

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

35493 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 8.09 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.89 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

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

35494 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS

First Identified: April 2008 **2013 Medicare Utilization:**

2007 Work RVU: 10.42 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 4.64 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

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

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35495 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 9.48 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 4.45 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36000 **Introduction of needle or intracatheter, vein**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh

First Identified: October 2009 **2013 Medicare Utilization:**

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.54 **2015 NF PE RVU:** 0.53
2007 Fac PE RVU 0.05 **201 Fac PE RVU:** 0.07

RUC Recommendation: CMS consider a bundled status for this code

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36010 **Introduction of catheter, superior or inferior vena cava**

Global: XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: February 2010 **2013 Medicare Utilization:** 17,817

2007 Work RVU: 2.43 **2015 Work RVU:** 2.43
2007 NF PE RVU: 17.17 **2015 NF PE RVU:** 11.43
2007 Fac PE RVU 0.77 **201 Fac PE RVU:** 0.74

RUC Recommendation: Remove from re-review.

CPT Action (if applicable): February 2011 **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36140 **Introduction of needle or intracatheter; extremity artery**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACRO

First Identified: April 2011 **2013 Medicare Utilization:** 20,681

2007 Work RVU: 2.01 **2015 Work RVU:** 2.01
2007 NF PE RVU: 12.15 **2015 NF PE RVU:** 10.03
2007 Fac PE RVU 0.65 **201 Fac PE RVU:** 0.59

RUC Recommendation: Remove from re-review

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

36145 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:**

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 2.01 **2015 Work RVU:**
2007 NF PE RVU: 11.87 **2015 NF PE RVU:**
2007 Fac PE RVU 0.64 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

36147 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 09 **Specialty Developing Recommendation:** SVS, SIR, ACR

First Identified: February 2008 **2013 Medicare Utilization:** 335,392

2007 Work RVU: **2015 Work RVU:** 3.72
2007 NF PE RVU: **2015 NF PE RVU:** 19.51
2007 Fac PE RVU **201 Fac PE RVU:** 1.18

RUC Recommendation: 3.72

CPT Action (if applicable): October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

36148 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 09 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2013 Medicare Utilization:** 69,987

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 6.31
2007 Fac PE RVU **201 Fac PE RVU:** 0.30

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36215 **Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 46,158

2007 Work RVU: 4.67 **2015 Work RVU:** 4.67
2007 NF PE RVU: 26.59 **2015 NF PE RVU:** 26.64
2007 Fac PE RVU 1.65 **201 Fac PE RVU:** 1.48

RUC Recommendation: Review in October 2017 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 5,936

2007 Work RVU: 5.27 **2015 Work RVU:** 5.27
2007 NF PE RVU: 28.57 **2015 NF PE RVU:** 27.04
2007 Fac PE RVU 1.82 **201 Fac PE RVU:** 1.69

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, AUR, ACR, ASNR, SIR **First Identified:** April 2011 **2013 Medicare Utilization:** 4,893

2007 Work RVU: 6.29 **2015 Work RVU:** 6.29
2007 NF PE RVU: 52.65 **2015 NF PE RVU:** 46.36
2007 Fac PE RVU 2.17 **201 Fac PE RVU:** 1.95

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

36221 **Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 3,672

2007 Work RVU: **2015 Work RVU:** 4.17
2007 NF PE RVU: **2015 NF PE RVU:** 26.11
2007 Fac PE RVU **201 Fac PE RVU:** 1.26

RUC Recommendation: 4.51 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36222 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 13,726

2007 Work RVU: **2015 Work RVU:** 5.53
2007 NF PE RVU: **2015 NF PE RVU:** 29.31
2007 Fac PE RVU **201 Fac PE RVU:** 1.87

RUC Recommendation: 6.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36223 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 36,534

2007 Work RVU: **2015 Work RVU:** 6.00
2007 NF PE RVU: **2015 NF PE RVU:** 35.98
2007 Fac PE RVU **201 Fac PE RVU:** 2.13

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36224 **Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 31,401

2007 Work RVU: **2015 Work RVU:** 6.50
2007 NF PE RVU: **2015 NF PE RVU:** 45.91
2007 Fac PE RVU **201 Fac PE RVU:** 2.58

RUC Recommendation: 7.55 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36225 **Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 13,974

2007 Work RVU: **2015 Work RVU:** 6.00
2007 NF PE RVU: **2015 NF PE RVU:** 34.41
2007 Fac PE RVU **201 Fac PE RVU:** 2.05

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36226 **Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 29,580

2007 Work RVU: **2015 Work RVU:** 6.50
2007 NF PE RVU: **2015 NF PE RVU:** 44.68
2007 Fac PE RVU **201 Fac PE RVU:** 2.55

RUC Recommendation: 7.55 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 8,938

2007 Work RVU: **2015 Work RVU:** 2.09
2007 NF PE RVU: **2015 NF PE RVU:** 4.87
2007 Fac PE RVU **201 Fac PE RVU:** 0.79

RUC Recommendation: 2.32 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36228 **Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 3,678

2007 Work RVU: **2015 Work RVU:** 4.25
2007 NF PE RVU: **2015 NF PE RVU:** 30.62
2007 Fac PE RVU **201 Fac PE RVU:** 1.61

RUC Recommendation: 4.25 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2013 Medicare Utilization:** 53,343

2007 Work RVU: 4.67 **2015 Work RVU:** 4.90
2007 NF PE RVU: 31.17 **2015 NF PE RVU:** 33.19
2007 Fac PE RVU 1.78 **201 Fac PE RVU:** 1.62

RUC Recommendation: 4.90

CPT Action (if applicable): February 2010 and February 2011

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36246 **Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 38,543

2007 Work RVU: 5.27 **2015 Work RVU:** 5.27
2007 NF PE RVU: 29.18 **2015 NF PE RVU:** 19.11
2007 Fac PE RVU 1.84 **201 Fac PE RVU:** 1.57

RUC Recommendation: 5.27

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 56,256

2007 Work RVU: 6.29 **2015 Work RVU:** 6.29
2007 NF PE RVU: 48.22 **2015 NF PE RVU:** 37.47
2007 Fac PE RVU 2.17 **201 Fac PE RVU:** 1.89

RUC Recommendation: 7.00

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36248 **Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2013 Medicare Utilization:** 19,624

2007 Work RVU: 1.01 **2015 Work RVU:** 1.01
2007 NF PE RVU: 3.81 **2015 NF PE RVU:** 3.22
2007 Fac PE RVU 0.35 **201 Fac PE RVU:** 0.31

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Medicare Utilization:** 6,931

2007 Work RVU: **2015 Work RVU:** 5.35
2007 NF PE RVU: **2015 NF PE RVU:** 34.06
2007 Fac PE RVU **201 Fac PE RVU:** 1.80

RUC Recommendation: 5.45 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Medicare Utilization:** 20,430

2007 Work RVU: **2015 Work RVU:** 6.99
2007 NF PE RVU: **2015 NF PE RVU:** 35.46
2007 Fac PE RVU **201 Fac PE RVU:** 2.42

RUC Recommendation: 7.38 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36253 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Medicare Utilization:** 1,467

2007 Work RVU: **2015 Work RVU:** 7.55
2007 NF PE RVU: **2015 NF PE RVU:** 55.96
2007 Fac PE RVU **201 Fac PE RVU:** 2.49

RUC Recommendation: 7.55 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36254 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Medicare Utilization:** 476

2007 Work RVU: **2015 Work RVU:** 8.15
2007 NF PE RVU: **2015 NF PE RVU:** 52.82
2007 Fac PE RVU **201 Fac PE RVU:** 2.78

RUC Recommendation: 8.15 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 36 **Specialty Developing Recommendation:** ACP **First Identified:** October 2009 **2013 Medicare Utilization:** 219,913

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.3 **2015 NF PE RVU:** 0.28
2007 Fac PE RVU 0.05 **201 Fac PE RVU:** 0.07

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2013 Medicare Utilization:** 82,747

2007 Work RVU: 6.72 **2015 Work RVU:** 5.30
2007 NF PE RVU: 47.57 **2015 NF PE RVU:** 37.25
2007 Fac PE RVU 2.39 **201 Fac PE RVU:** 1.81

RUC Recommendation: 5.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2013 **2013 Medicare Utilization:** 8,514

2007 Work RVU: 3.38 **2015 Work RVU:** 2.65
2007 NF PE RVU: 7.39 **2015 NF PE RVU:** 5.25
2007 Fac PE RVU 1.08 **201 Fac PE RVU:** 0.76

RUC Recommendation: 2.65 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36478 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2013 Medicare Utilization:** 76,906

2007 Work RVU: 6.72 **2015 Work RVU:** 5.30
2007 NF PE RVU: 42.85 **2015 NF PE RVU:** 27.81
2007 Fac PE RVU 2.41 **201 Fac PE RVU:** 1.81

RUC Recommendation: 5.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36479 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2013 Medicare Utilization:** 12,636

2007 Work RVU: 3.38 **2015 Work RVU:** 2.65
2007 NF PE RVU: 7.59 **2015 NF PE RVU:** 5.62
2007 Fac PE RVU 1.1 **201 Fac PE RVU:** 0.82

RUC Recommendation: 2.65 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2013 Medicare Utilization:** 689

2007 Work RVU: 6.98 **2015 Work RVU:** 6.98
2007 NF PE RVU: NA **2015 NF PE RVU:** 50.94
2007 Fac PE RVU 2.46 **201 Fac PE RVU:** 2.55

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

36516 **Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2013 Medicare Utilization:** 1,930

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 75.37 **2015 NF PE RVU:** 57.27
2007 Fac PE RVU 0.46 **201 Fac PE RVU:** 0.49

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Status Report: CMS Requests and Relativity Assessment Issues

36818 **Arteriovenous anastomosis, open; by upper arm cephalic vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2013 Medicare Utilization:** 7,292

2007 Work RVU: 11.81 **2015 Work RVU:** 12.39
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **201 Fac PE RVU:** 5.17

RUC Recommendation: 13.00 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

36819 **Arteriovenous anastomosis, open; by upper arm basilic vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2013 Medicare Utilization:** 11,563

2007 Work RVU: 14.39 **2015 Work RVU:** 13.29
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.08 **201 Fac PE RVU:** 5.28

RUC Recommendation: 15.00 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

36820 **Arteriovenous anastomosis, open; by forearm vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2013 Medicare Utilization:** 2,210

2007 Work RVU: 14.39 **2015 Work RVU:** 13.07
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.11 **201 Fac PE RVU:** 5.39

RUC Recommendation: 13.99 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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36821 **Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2013 Medicare Utilization:** 35,600

2007 Work RVU: 9.15 **2015 Work RVU:** 11.90
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.49 **201 Fac PE RVU:** 4.95

RUC Recommendation: 11.90

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36822 **Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

First Identified: **2013 Medicare Utilization:** 794

2007 Work RVU: 5.51 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 4.23 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

36825 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2013 Medicare Utilization:** 3,227

2007 Work RVU: 10.00 **2015 Work RVU:** 14.17
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.87 **201 Fac PE RVU:** 6.17

RUC Recommendation: 15.93

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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36830 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: November 2012 **2013 Medicare Utilization:** 21,877

2007 Work RVU: 12.00 **2015 Work RVU:** 12.03
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.98 **201 Fac PE RVU:** 4.90

RUC Recommendation: 11.90

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36834 **Deleted from CPT**

Global: 090 **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AVA, ACS

First Identified: September 2007 **2013 Medicare Utilization:**

2007 Work RVU: 11.11 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 4.68 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: 090 **Issue:** Percutaneous Thrombectomy **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: September 2007 **2013 Medicare Utilization:** 60,060

2007 Work RVU: 5.17 **2015 Work RVU:** 5.20
2007 NF PE RVU: 49.54 **2015 NF PE RVU:** 46.25
2007 Fac PE RVU 2.99 **201 Fac PE RVU:** 2.85

RUC Recommendation: Refer to CPT. Reduced 99238 to 0.5

CPT Action (if applicable): 2016 CPT cycle
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

37183 **Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2013 Medicare Utilization:** 785

2007 Work RVU: 7.99 **2015 Work RVU:** 7.99
2007 NF PE RVU: NA **2015 NF PE RVU:** 159.33
2007 Fac PE RVU 2.89 **201 Fac PE RVU:** 2.75

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

37191 **Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2013 Medicare Utilization:** 52,369

2007 Work RVU: **2015 Work RVU:** 4.71
2007 NF PE RVU: **2015 NF PE RVU:** 69.55
2007 Fac PE RVU **201 Fac PE RVU:** 1.57

RUC Recommendation: 4.71 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37192 **Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2013 Medicare Utilization:** 73

2007 Work RVU: **2015 Work RVU:** 7.35
2007 NF PE RVU: **2015 NF PE RVU:** 39.77
2007 Fac PE RVU **201 Fac PE RVU:** 2.87

RUC Recommendation: 8.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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37193 **Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2013 Medicare Utilization:** 4,601

2007 Work RVU: **2015 Work RVU:** 7.35
2007 NF PE RVU: **2015 NF PE RVU:** 37.23
2007 Fac PE RVU **201 Fac PE RVU:** 2.29

RUC Recommendation: 8.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 4.99 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 2.43 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37203 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)**

Global: 000 **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 5.02 **2015 Work RVU:**
2007 NF PE RVU: 31.87 **2015 NF PE RVU:**
2007 Fac PE RVU 1.98 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37204 **Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 36,920

2007 Work RVU: 18.11 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.75 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37205 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 52,456

2007 Work RVU: 8.27 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.77 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 4,965

2007 Work RVU: 4.12 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.46 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37207 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 1,399

2007 Work RVU: 8.27 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 2.98 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37208 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 222

2007 Work RVU: 4.12 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.3 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37209 **Exchange of a previously placed intravascular catheter during thrombolytic therapy**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 2.27 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0.72 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37210 **Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 287

2007 Work RVU: 10.60 **2015 Work RVU:**
2007 NF PE RVU: 46.03 **2015 NF PE RVU:**
2007 Fac PE RVU 3.13 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 10,307

2007 Work RVU: **2015 Work RVU:** 8.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 2.29

RUC Recommendation: 8.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 3,906

2007 Work RVU: **2015 Work RVU:** 7.06
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 2.01

RUC Recommendation: 7.06 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 3,521

2007 Work RVU: **2015 Work RVU:** 5.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.51

RUC Recommendation: 5.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37214 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 5,573

2007 Work RVU: **2015 Work RVU:** 2.74
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 0.82

RUC Recommendation: 3.04 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 11,676

2007 Work RVU: **2015 Work RVU:** 8.15
2007 NF PE RVU: **2015 NF PE RVU:** 80.02
2007 Fac PE RVU **201 Fac PE RVU:** 2.33

RUC Recommendation: 8.15 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

First Identified: February 2010 **2013 Medicare Utilization:** 39,599

2007 Work RVU: **2015 Work RVU:** 10.00
2007 NF PE RVU: **2015 NF PE RVU:** 120.47
2007 Fac PE RVU **201 Fac PE RVU:** 2.90

RUC Recommendation: 10.00

CPT Action (if applicable): February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

First Identified: February 2010 **2013 Medicare Utilization:** 3,124

2007 Work RVU: **2015 Work RVU:** 3.73
2007 NF PE RVU: **2015 NF PE RVU:** 20.69
2007 Fac PE RVU **201 Fac PE RVU:** 0.97

RUC Recommendation: 3.73

CPT Action (if applicable): February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

First Identified: February 2010 **2013 Medicare Utilization:** 5,670

2007 Work RVU: **2015 Work RVU:** 4.25
2007 NF PE RVU: **2015 NF PE RVU:** 68.71
2007 Fac PE RVU **201 Fac PE RVU:** 1.16

RUC Recommendation: 4.25

CPT Action (if applicable): February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 31,070

2007 Work RVU: **2015 Work RVU:** 9.00
2007 NF PE RVU: **2015 NF PE RVU:** 98.23
2007 Fac PE RVU **201 Fac PE RVU:** 2.61

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37225 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 28,625

2007 Work RVU: **2015 Work RVU:** 12.00
2007 NF PE RVU: **2015 NF PE RVU:** 299.17
2007 Fac PE RVU **201 Fac PE RVU:** 3.58

RUC Recommendation: 12.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 33,188

2007 Work RVU: **2015 Work RVU:** 10.49
2007 NF PE RVU: **2015 NF PE RVU:** 245.30
2007 Fac PE RVU **201 Fac PE RVU:** 3.07

RUC Recommendation: 10.49 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 14,381

2007 Work RVU: **2015 Work RVU:** 14.50
2007 NF PE RVU: **2015 NF PE RVU:** 406.09
2007 Fac PE RVU **201 Fac PE RVU:** 4.23

RUC Recommendation: 14.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 25,938

2007 Work RVU: **2015 Work RVU:** 11.00
2007 NF PE RVU: **2015 NF PE RVU:** 141.81
2007 Fac PE RVU **201 Fac PE RVU:** 3.11

RUC Recommendation: 11.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 19,196

2007 Work RVU: **2015 Work RVU:** 14.05
2007 NF PE RVU: **2015 NF PE RVU:** 292.49
2007 Fac PE RVU **201 Fac PE RVU:** 4.15

RUC Recommendation: 14.05 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 3,531

2007 Work RVU: **2015 Work RVU:** 13.80
2007 NF PE RVU: **2015 NF PE RVU:** 219.91
2007 Fac PE RVU **201 Fac PE RVU:** 4.15

RUC Recommendation: 13.80 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37231 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 1,403

2007 Work RVU: **2015 Work RVU:** 15.00
2007 NF PE RVU: **2015 NF PE RVU:** 362.05
2007 Fac PE RVU **201 Fac PE RVU:** 4.51

RUC Recommendation: 15.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 8,817

2007 Work RVU: **2015 Work RVU:** 4.00
2007 NF PE RVU: **2015 NF PE RVU:** 29.77
2007 Fac PE RVU **201 Fac PE RVU:** 1.12

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 4,434

2007 Work RVU: **2015 Work RVU:** 6.50
2007 NF PE RVU: **2015 NF PE RVU:** 34.00
2007 Fac PE RVU **201 Fac PE RVU:** 1.82

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 416

2007 Work RVU: **2015 Work RVU:** 5.50
2007 NF PE RVU: **2015 NF PE RVU:** 103.68
2007 Fac PE RVU **201 Fac PE RVU:** 1.67

RUC Recommendation: 5.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 131

2007 Work RVU: **2015 Work RVU:** 7.80
2007 NF PE RVU: **2015 NF PE RVU:** 109.15
2007 Fac PE RVU **201 Fac PE RVU:** 2.11

RUC Recommendation: 7.80 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37236 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.00
2007 NF PE RVU: **2015 NF PE RVU:** 107.42
2007 Fac PE RVU **201 Fac PE RVU:** 2.71

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37237 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.25
2007 NF PE RVU: **2015 NF PE RVU:** 65.60
2007 Fac PE RVU **201 Fac PE RVU:** 1.17

RUC Recommendation: 4.25 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37238 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 6.29
2007 NF PE RVU: **2015 NF PE RVU:** 109.59
2007 Fac PE RVU **201 Fac PE RVU:** 1.92

RUC Recommendation: 6.29 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37239 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.97
2007 NF PE RVU: **2015 NF PE RVU:** 54.14
2007 Fac PE RVU **201 Fac PE RVU:** 0.82

RUC Recommendation: 3.34 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37241 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.00
2007 NF PE RVU: **2015 NF PE RVU:** 120.55
2007 Fac PE RVU **201 Fac PE RVU:** 2.83

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37242 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 10.05
2007 NF PE RVU: **2015 NF PE RVU:** 208.96
2007 Fac PE RVU **201 Fac PE RVU:** 3.13

RUC Recommendation: 11.98 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37243 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 11.99
2007 NF PE RVU: **2015 NF PE RVU:** 264.58
2007 Fac PE RVU **201 Fac PE RVU:** 3.72

RUC Recommendation: 14.00 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37244 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 14.00
2007 NF PE RVU: **2015 NF PE RVU:** 178.83
2007 Fac PE RVU **201 Fac PE RVU:** 4.33

RUC Recommendation: 14.00 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37250 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** July 2014 **2013 Medicare Utilization:** 9,070

2007 Work RVU: 2.10 **2015 Work RVU:** 2.10
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.77 **201 Fac PE RVU:** 0.57

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37251 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2013 Medicare Utilization:** 7,709

2007 Work RVU: 1.60 **2015 Work RVU:** 1.60
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.54 **201 Fac PE RVU:** 0.40

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

3725X1

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 1.80 **CPT Action (if applicable):** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

3725X2

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 1.44 **CPT Action (if applicable):** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37609 **Ligation or biopsy, temporal artery**

Global: 010 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2013 Medicare Utilization:** 17,487

2007 Work RVU: 3.02 **2015 Work RVU:** 3.05
2007 NF PE RVU: 4.43 **2015 NF PE RVU:** 5.23
2007 Fac PE RVU 1.93 **201 Fac PE RVU:** 2.35

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37619 **Ligation of inferior vena cava**

Global: 090 **Issue:** Ligation of Inferior Vena Cava **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 13 **Specialty Developing Recommendation:** ACS, SVS

First Identified:

2013 Medicare Utilization: 256

2007 Work RVU: **2015 Work RVU:** 30.00

2007 NF PE RVU: **2015 NF PE RVU:** NA

2007 Fac PE RVU **201 Fac PE RVU:** 10.96

RUC Recommendation: 37.60

CPT Action (if applicable): February 2011

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

37620 **Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)**

Global: 090 **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: February 2010

2013 Medicare Utilization:

2007 Work RVU: 11.49 **2015 Work RVU:**

2007 NF PE RVU: NA **2015 NF PE RVU:**

2007 Fac PE RVU 5.52 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37760 **Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg**

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS

First Identified: September 2007

2013 Medicare Utilization: 332

2007 Work RVU: 10.69 **2015 Work RVU:** 10.78

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 5.14 **201 Fac PE RVU:** 4.76

RUC Recommendation: 10.69

CPT Action (if applicable): February 2009

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37761 **Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg**

Global: 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** **2013 Medicare Utilization:** 736

2007 Work RVU: **2015 Work RVU:** 9.13
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 5.12

RUC Recommendation: 9.00 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

37765 **Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions**

Global: 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACS **First Identified:** February 2008 **2013 Medicare Utilization:** 15,813

2007 Work RVU: 7.63 **2015 Work RVU:** 7.71
2007 NF PE RVU: NA **2015 NF PE RVU:** 9.57
2007 Fac PE RVU 4.36 **201 Fac PE RVU:** 3.86

RUC Recommendation: Review September 2016. Non-Facility PE Inputs. **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

37766 **Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions**

Global: 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACS **First Identified:** February 2008 **2013 Medicare Utilization:** 11,311

2007 Work RVU: 9.58 **2015 Work RVU:** 9.66
2007 NF PE RVU: NA **2015 NF PE RVU:** 10.77
2007 Fac PE RVU 5.01 **201 Fac PE RVU:** 4.44

RUC Recommendation: Review September 2016. Non-Facility PE Inputs. **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

37785 **Ligation, division, and/or excision of varicose vein cluster(s), 1 leg**

Global: 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, SVS, ACS **First Identified:** September 2007 **2013 Medicare Utilization:** 2,435

2007 Work RVU: 3.87 **2015 Work RVU:** 3.93
2007 NF PE RVU: 5.12 **2015 NF PE RVU:** 5.56
2007 Fac PE RVU 2.69 **201 Fac PE RVU:** 2.92

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38542 **Dissection, deep jugular node(s)**

Global: 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Medicare Utilization:** 868

2007 Work RVU: 6.08 **2015 Work RVU:** 7.95
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.3 **201 Fac PE RVU:** 5.59

RUC Recommendation: 7.85 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

38570 **Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** January 2014 **2013 Medicare Utilization:** 1,517

2007 Work RVU: 9.28 **2015 Work RVU:** 9.34
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.98 **201 Fac PE RVU:** 4.58

RUC Recommendation: 9.34 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2013 Medicare Utilization:** 9,912

2007 Work RVU: 14.70 **2015 Work RVU:** 14.76
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.97 **201 Fac PE RVU:** 6.32

RUC Recommendation: 12.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38572 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** ACOG **First Identified:** January 2014 **2013 Medicare Utilization:** 2,364

2007 Work RVU: 16.86 **2015 Work RVU:** 16.94
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **201 Fac PE RVU:** 8.15

RUC Recommendation: 15.60 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

39400 **Mediastinoscopy, includes biopsy(ies), when performed**

Global: 010 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS

First Identified: January 2014 **2013 Medicare Utilization:** 9,000

2007 Work RVU: 8.00 **2015 Work RVU:** 8.05
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.68 **201 Fac PE RVU:** 4.81

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

3940X1

Global: **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS

First Identified: October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 5.44

CPT Action (if applicable): October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

3940X2

Global: **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS

First Identified: October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 7.50

CPT Action (if applicable): October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

40490 **Biopsy of lip**

Global: 000 **Issue:** Biopsy of Lip **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD

First Identified: April 2011 **2013 Medicare Utilization:** 40,044

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 1.75 **2015 NF PE RVU:** 2.30
2007 Fac PE RVU 0.61 **201 Fac PE RVU:** 0.73

RUC Recommendation: 1.22

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40800 **Drainage of abscess, cyst, hematoma, vestibule of mouth; simple**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Medicare Utilization:** 1,364

2007 Work RVU: 1.19 **2015 Work RVU:** 1.23
2007 NF PE RVU: 3.18 **2015 NF PE RVU:** 4.75
2007 Fac PE RVU 1.8 **201 Fac PE RVU:** 2.45

RUC Recommendation: Maintain

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

40812 **Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Medicare Utilization:** 6,704

2007 Work RVU: 2.33 **2015 Work RVU:** 2.37
2007 NF PE RVU: 3.92 **2015 NF PE RVU:** 5.67
2007 Fac PE RVU 2.37 **201 Fac PE RVU:** 3.06

RUC Recommendation: Maintain

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

40820 **Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Medicare Utilization:** 1,073

2007 Work RVU: 1.30 **2015 Work RVU:** 1.34
2007 NF PE RVU: 4.23 **2015 NF PE RVU:** 6.21
2007 Fac PE RVU 2.54 **201 Fac PE RVU:** 3.51

RUC Recommendation: Maintain

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

41530 **Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session**

Global: 010 **Issue:** **Screen:** Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: July 2014 **2013 Medicare Utilization:** 2,398

2007 Work RVU: **2015 Work RVU:** 4.51
2007 NF PE RVU: **2015 NF PE RVU:** 87.26
2007 Fac PE RVU **201 Fac PE RVU:** 6.88

RUC Recommendation: Review for work (PE recently submitted for 2015).

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

42145 **Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)** **Global:** 090 **Issue:** Palatopharyngoplasty **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 41 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,301

2007 Work RVU: 9.63 **2015 Work RVU:** 9.78
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.33 **201 Fac PE RVU:** 9.24

RUC Recommendation: 9.63 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

42415 **Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve** **Global:** 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Medicare Utilization:** 4,978

2007 Work RVU: 17.99 **2015 Work RVU:** 17.16
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.11 **201 Fac PE RVU:** 10.86

RUC Recommendation: 18.12 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

42420 **Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve** **Global:** 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,613

2007 Work RVU: 20.87 **2015 Work RVU:** 19.53
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.46 **201 Fac PE RVU:** 11.93

RUC Recommendation: 21.00 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

42440 **Excision of submandibular (submaxillary) gland** **Global:** 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,978

2007 Work RVU: 7.05 **2015 Work RVU:** 6.14
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.48 **201 Fac PE RVU:** 4.88

RUC Recommendation: 7.13 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43191 **Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.49
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.61

RUC Recommendation: 2.78 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43192 **Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.79
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.75

RUC Recommendation: 3.21 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43193 **Esophagoscopy, rigid, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.79
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.74

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43194 **Esophagoscopy, rigid, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.51
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.55

RUC Recommendation: 3.99 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43195 **Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.07
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.88

RUC Recommendation: 3.21 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43196 **Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.31
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.95

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43197 **Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.52
2007 NF PE RVU: **2015 NF PE RVU:** 3.65
2007 Fac PE RVU **201 Fac PE RVU:** 0.66

RUC Recommendation: 1.59 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43198 **Esophagoscopy, flexible, transnasal; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.82
2007 NF PE RVU: **2015 NF PE RVU:** 3.97
2007 Fac PE RVU **201 Fac PE RVU:** 0.79

RUC Recommendation: 1.89 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43200 **Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 14,569

2007 Work RVU: 1.59 **2015 Work RVU:** 1.52
2007 NF PE RVU: 3.98 **2015 NF PE RVU:** 5.99
2007 Fac PE RVU 1.04 **201 Fac PE RVU:** 0.98

RUC Recommendation: 1.59 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43201 **Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 477

2007 Work RVU: 2.09 **2015 Work RVU:** 1.82
2007 NF PE RVU: 4.86 **2015 NF PE RVU:** 5.82
2007 Fac PE RVU 1.12 **201 Fac PE RVU:** 1.12

RUC Recommendation: 1.90 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43202 **Esophagoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 3,740

2007 Work RVU: 1.89 **2015 Work RVU:** 1.82
2007 NF PE RVU: 5.44 **2015 NF PE RVU:** 8.29
2007 Fac PE RVU 0.95 **201 Fac PE RVU:** 1.12

RUC Recommendation: 1.89 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43204 **Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 28

2007 Work RVU: 3.76 **2015 Work RVU:** 2.43
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.63 **201 Fac PE RVU:** 1.44

RUC Recommendation: 2.89 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43205 **Esophagoscopy, flexible, transoral; with band ligation of esophageal varices**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 223

2007 Work RVU: 3.78 **2015 Work RVU:** 2.54
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.66 **201 Fac PE RVU:** 1.46

RUC Recommendation: 3.00 **CPT Action (if applicable):** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43206 **Esophagoscopy, flexible, transoral; with optical endomicroscopy**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 21

2007 Work RVU: **2015 Work RVU:** 2.39
2007 NF PE RVU: **2015 NF PE RVU:** 6.70
2007 Fac PE RVU **201 Fac PE RVU:** 1.35

RUC Recommendation: 2.39 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43211 **Esophagoscopy, flexible, transoral; with endoscopic mucosal resection**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.30
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 2.30

RUC Recommendation: 4.58 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43212 **Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.66

RUC Recommendation: 3.73 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43213 **Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.73
2007 NF PE RVU: **2015 NF PE RVU:** 29.91
2007 Fac PE RVU **201 Fac PE RVU:** 2.42

RUC Recommendation: 5.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43214 **Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.86

RUC Recommendation: 3.78 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 1,565

2007 Work RVU: 2.60 **2015 Work RVU:** 2.54
2007 NF PE RVU: NA **2015 NF PE RVU:** 8.76
2007 Fac PE RVU 1.22 **201 Fac PE RVU:** 1.39

RUC Recommendation: 2.60 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 64

2007 Work RVU: 2.40 **2015 Work RVU:** 2.40
2007 NF PE RVU: 1.55 **2015 NF PE RVU:** 9.29
2007 Fac PE RVU 1.1 **201 Fac PE RVU:** 1.43

RUC Recommendation: 2.40 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43217 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 187

2007 Work RVU: 2.90 **2015 Work RVU:** 2.90
2007 NF PE RVU: 6.85 **2015 NF PE RVU:** 9.45
2007 Fac PE RVU 1.25 **201 Fac PE RVU:** 1.56

RUC Recommendation: 2.90 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 722

2007 Work RVU: 2.80 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.4 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43220 **Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 2,840

2007 Work RVU: 2.10 **2015 Work RVU:** 2.10
2007 NF PE RVU: NA **2015 NF PE RVU:** 30.07
2007 Fac PE RVU 1.01 **201 Fac PE RVU:** 1.25

RUC Recommendation: 2.10 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 2,492

2007 Work RVU: 2.34 **2015 Work RVU:** 2.34
2007 NF PE RVU: NA **2015 NF PE RVU:** 8.20
2007 Fac PE RVU 1.1 **201 Fac PE RVU:** 1.33

RUC Recommendation: 2.34 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 512

2007 Work RVU: 3.59 **2015 Work RVU:** 2.99
2007 NF PE RVU: NA **2015 NF PE RVU:** 7.88
2007 Fac PE RVU 1.55 **201 Fac PE RVU:** 1.64

RUC Recommendation: 3.26 **CPT Action (if applicable):** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43228 **Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 5,241

2007 Work RVU: 3.76 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.63 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43229 **Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.59
2007 NF PE RVU: **2015 NF PE RVU:** 16.75
2007 Fac PE RVU **201 Fac PE RVU:** 1.93

RUC Recommendation: 3.72 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43231 **Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 566

2007 Work RVU: 3.19 **2015 Work RVU:** 2.90
2007 NF PE RVU: NA **2015 NF PE RVU:** 8.27
2007 Fac PE RVU 1.42 **201 Fac PE RVU:** 1.63

RUC Recommendation: 3.19 **CPT Action (if applicable):** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43232 **Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 392

2007 Work RVU: 4.47 **2015 Work RVU:** 3.69
2007 NF PE RVU: NA **2015 NF PE RVU:** 9.59
2007 Fac PE RVU 1.96 **201 Fac PE RVU:** 1.88

RUC Recommendation: 3.83 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43233 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.17
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 2.15

RUC Recommendation: 4.45 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: 2.01 **2015 Work RVU:**
2007 NF PE RVU: 5.23 **2015 NF PE RVU:**
2007 Fac PE RVU 0.91 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2013 Medicare Utilization:** 378,815

2007 Work RVU: 2.39 **2015 Work RVU:** 2.19
2007 NF PE RVU: 5.19 **2015 NF PE RVU:** 6.47
2007 Fac PE RVU 1.11 **201 Fac PE RVU:** 1.30

RUC Recommendation: 2.26 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43236 **Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2013 Medicare Utilization:** 16,245

2007 Work RVU: 2.92 **2015 Work RVU:** 2.49
2007 NF PE RVU: 6.47 **2015 NF PE RVU:** 8.35
2007 Fac PE RVU 1.33 **201 Fac PE RVU:** 1.45

RUC Recommendation: 2.57 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun

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43237 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 1,080

2007 Work RVU: 3.98 **2015 Work RVU:** 3.57
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.74 **201 Fac PE RVU:** 1.92

RUC Recommendation: 3.85 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43238 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 713

2007 Work RVU: 5.02 **2015 Work RVU:** 4.26
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.11 **201 Fac PE RVU:** 2.24

RUC Recommendation: 4.50 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43239 **Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2013 Medicare Utilization:** 1,457,498

2007 Work RVU: 2.87 **2015 Work RVU:** 2.49
2007 NF PE RVU: 5.79 **2015 NF PE RVU:** 8.63
2007 Fac PE RVU 1.29 **201 Fac PE RVU:** 1.44

RUC Recommendation: 2.56 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43240 **Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 431

2007 Work RVU: 6.85 **2015 Work RVU:** 7.25
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.82 **201 Fac PE RVU:** 3.58

RUC Recommendation: 7.25 **CPT Action (if applicable):** February 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43241 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 3,695

2007 Work RVU: 2.59 **2015 Work RVU:** 2.59
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.18 **201 Fac PE RVU:** 1.43

RUC Recommendation: 2.59 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43242 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2013 Medicare Utilization:** 30,985

2007 Work RVU: 7.30 **2015 Work RVU:** 4.83
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.98 **201 Fac PE RVU:** 2.53

RUC Recommendation: 5.39 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43243 **Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 1,986

2007 Work RVU: 4.56 **2015 Work RVU:** 4.37
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.94 **201 Fac PE RVU:** 2.24

RUC Recommendation: 4.37 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 17,901

2007 Work RVU: 5.04 **2015 Work RVU:** 4.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.14 **201 Fac PE RVU:** 2.38

RUC Recommendation: 4.50 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43245 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 13,320

2007 Work RVU: 3.18 **2015 Work RVU:** 3.18
2007 NF PE RVU: NA **2015 NF PE RVU:** 14.00
2007 Fac PE RVU 1.39 **201 Fac PE RVU:** 1.70

RUC Recommendation: 3.18 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 108,755

2007 Work RVU: 4.32 **2015 Work RVU:** 3.66
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.8 **201 Fac PE RVU:** 1.86

RUC Recommendation: 4.32 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43247 **Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 28,949

2007 Work RVU: 3.38 **2015 Work RVU:** 3.21
2007 NF PE RVU: NA **2015 NF PE RVU:** 8.01
2007 Fac PE RVU 1.48 **201 Fac PE RVU:** 1.75

RUC Recommendation: 3.27 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 104,276

2007 Work RVU: 3.15 **2015 Work RVU:** 3.01
2007 NF PE RVU: NA **2015 NF PE RVU:** 8.38
2007 Fac PE RVU 1.43 **201 Fac PE RVU:** 1.69

RUC Recommendation: 3.01 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 98,596

2007 Work RVU: 2.90 **2015 Work RVU:** 2.77
2007 NF PE RVU: NA **2015 NF PE RVU:** 27.85
2007 Fac PE RVU 1.32 **201 Fac PE RVU:** 1.57

RUC Recommendation: 2.77 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 5,870

2007 Work RVU: 3.20 **2015 Work RVU:** 3.07
2007 NF PE RVU: NA **2015 NF PE RVU:** 9.56
2007 Fac PE RVU 1.4 **201 Fac PE RVU:** 1.65

RUC Recommendation: 3.07 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43251 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 28,579

2007 Work RVU: 3.69 **2015 Work RVU:** 3.57
2007 NF PE RVU: NA **2015 NF PE RVU:** 10.33
2007 Fac PE RVU 1.6 **201 Fac PE RVU:** 1.93

RUC Recommendation: 3.57 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43253 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.83
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 2.53

RUC Recommendation: 5.39 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43254 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.97
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 2.55

RUC Recommendation: 5.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43255 **Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 55,446

2007 Work RVU: 4.81 **2015 Work RVU:** 3.66
2007 NF PE RVU: NA **2015 NF PE RVU:** 8.22
2007 Fac PE RVU 2.05 **201 Fac PE RVU:** 1.99

RUC Recommendation: 4.20 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43256 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 4,480

2007 Work RVU: 4.34 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.85 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 117

2007 Work RVU: 5.50 **2015 Work RVU:** 4.25
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.16 **201 Fac PE RVU:** 2.20

RUC Recommendation: 4.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43258 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 17,830

2007 Work RVU: 4.54 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.94 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43259 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2013 Medicare Utilization:** 41,103

2007 Work RVU: 5.19 **2015 Work RVU:** 4.14
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.17 **201 Fac PE RVU:** 2.21

RUC Recommendation: 4.74 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 9,064

2007 Work RVU: 5.95 **2015 Work RVU:** 5.95
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.49 **201 Fac PE RVU:** 3.03

RUC Recommendation: 5.95 **CPT Action (if applicable):** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43261 **Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 8,384

2007 Work RVU: 6.26 **2015 Work RVU:** 6.25
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.61 **201 Fac PE RVU:** 3.15

RUC Recommendation: 6.25 **CPT Action (if applicable):** January 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43262 **Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 59,404

2007 Work RVU: 7.38 **2015 Work RVU:** 6.60
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **201 Fac PE RVU:** 3.31

RUC Recommendation: 6.60 **CPT Action (if applicable):** January 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 640

2007 Work RVU: 7.28 **2015 Work RVU:** 6.60
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.02 **201 Fac PE RVU:** 3.32

RUC Recommendation: 7.28 **CPT Action (if applicable):** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43264 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2013 Medicare Utilization:** 49,078

2007 Work RVU: 8.89 **2015 Work RVU:** 6.73
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.61 **201 Fac PE RVU:** 3.37

RUC Recommendation: 6.73 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43265 **Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 2,684

2007 Work RVU: 10.00 **2015 Work RVU:** 8.03
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **201 Fac PE RVU:** 3.95

RUC Recommendation: 8.03 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43266 **Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.17
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 2.11

RUC Recommendation: 4.40 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43267 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 186

2007 Work RVU: 7.38 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.01 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43268 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2013 Medicare Utilization:** 37,770

2007 Work RVU: 7.38 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.15 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 22,498

2007 Work RVU: 8.20 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.35 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43270 **Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.26
2007 NF PE RVU: **2015 NF PE RVU:** 16.87
2007 Fac PE RVU **201 Fac PE RVU:** 2.25

RUC Recommendation: 4.39 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43271 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 14,519

2007 Work RVU: 7.38 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.03 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 390

2007 Work RVU: 7.38 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.05 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43273 **Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)**

Global: ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 4,337

2007 Work RVU: **2015 Work RVU:** 2.24
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.02

RUC Recommendation: 2.24 **CPT Action (if applicable):** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43274 **Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 8.58
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 4.20

RUC Recommendation: 8.74 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43275 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 6.96
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.47

RUC Recommendation: 6.96 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43276 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 8.94
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 4.36

RUC Recommendation: 9.10 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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43277 **Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 7.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.49

RUC Recommendation: 7.11 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43278 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 8.02
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.95

RUC Recommendation: 8.08 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43450 **Dilation of esophagus, by unguided sound or bougie, single or multiple passes**

Global: 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2013 Medicare Utilization:** 76,496

2007 Work RVU: 1.38 **2015 Work RVU:** 1.38
2007 NF PE RVU: 2.64 **2015 NF PE RVU:** 4.53
2007 Fac PE RVU 0.75 **201 Fac PE RVU:** 0.95

RUC Recommendation: 1.30 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43453 **Dilation of esophagus, over guide wire**

Global: 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2013 Medicare Utilization:** 2,720

2007 Work RVU: 1.51 **2015 Work RVU:** 1.51
2007 NF PE RVU: 6.12 **2015 NF PE RVU:** 26.19
2007 Fac PE RVU 0.8 **201 Fac PE RVU:** 1.00

RUC Recommendation: 1.51 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43456 **Dilation of esophagus, by balloon or dilator, retrograde**

Global: 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2013 Medicare Utilization:** 1,290

2007 Work RVU: 2.57 **2015 Work RVU:**
2007 NF PE RVU: 13.55 **2015 NF PE RVU:**
2007 Fac PE RVU 1.2 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia**

Global: 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2013 Medicare Utilization:** 1,302

2007 Work RVU: 3.06 **2015 Work RVU:**
2007 NF PE RVU: 6.72 **2015 NF PE RVU:**
2007 Fac PE RVU 1.37 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

44205 **Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2013 Medicare Utilization:** 10,436

2007 Work RVU: 22.86 **2015 Work RVU:** 22.95
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.6 **201 Fac PE RVU:** 11.04

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

44207 **Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2013 Medicare Utilization:** 7,423

2007 Work RVU: 31.79 **2015 Work RVU:** 31.92
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.17 **201 Fac PE RVU:** 14.51

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

44380 **Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2013 Medicare Utilization:** 2,256

2007 Work RVU: 1.05 **2015 Work RVU:** 1.05
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.6 **201 Fac PE RVU:** 0.76

RUC Recommendation: 0.97 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44381 **Ileoscopy, through stoma; with transendoscopic balloon dilation**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 1.48 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44382 **Ileoscopy, through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Ileoscopy Ileoscopy Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2013 Medicare Utilization:** 1,458

2007 Work RVU: 1.27 **2015 Work RVU:** 1.27
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.67 **201 Fac PE RVU:** 0.88

RUC Recommendation: 1.27 **CPT Action (if applicable):** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2013 Medicare Utilization:** 253

2007 Work RVU: 2.94 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.36 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44384 **Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 3.11 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44385 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 1,205

2007 Work RVU: 1.82 **2015 Work RVU:** 1.82
2007 NF PE RVU: 3.73 **2015 NF PE RVU:** 5.50
2007 Fac PE RVU 0.79 **201 Fac PE RVU:** 1.02

RUC Recommendation: 1.30 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44386 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 1,068

2007 Work RVU: 2.12 **2015 Work RVU:** 2.12
2007 NF PE RVU: 6.66 **2015 NF PE RVU:** 7.67
2007 Fac PE RVU 0.93 **201 Fac PE RVU:** 1.23

RUC Recommendation: 1.60 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44388 **Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2013 Medicare Utilization:** 4,769

2007 Work RVU: 2.82 **2015 Work RVU:** 2.82
2007 NF PE RVU: 5.34 **2015 NF PE RVU:** 6.77
2007 Fac PE RVU 1.21 **201 Fac PE RVU:** 1.51

RUC Recommendation: 2.82

CPT Action (if applicable): October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2013 Medicare Utilization:** 2,220

2007 Work RVU: 3.13 **2015 Work RVU:** 3.13
2007 NF PE RVU: 6.73 **2015 NF PE RVU:** 7.66
2007 Fac PE RVU 1.35 **201 Fac PE RVU:** 1.69

RUC Recommendation: 3.12

CPT Action (if applicable): October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44390 **Colonoscopy through stoma; with removal of foreign body(s)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2013 Medicare Utilization:** 31

2007 Work RVU: 3.82 **2015 Work RVU:** 3.82
2007 NF PE RVU: 7.32 **2015 NF PE RVU:** 8.84
2007 Fac PE RVU 1.57 **201 Fac PE RVU:** 2.08

RUC Recommendation: 3.82

CPT Action (if applicable): October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44391 **Colonoscopy through stoma; with control of bleeding, any method**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2013 Medicare Utilization:** 185

2007 Work RVU: 4.31 **2015 Work RVU:** 4.31
2007 NF PE RVU: 8.78 **2015 NF PE RVU:** 9.25
2007 Fac PE RVU 1.83 **201 Fac PE RVU:** 2.25

RUC Recommendation: 4.22

CPT Action (if applicable): October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2013 Medicare Utilization:** 592

2007 Work RVU: 3.81 **2015 Work RVU:** 3.81
2007 NF PE RVU: 6.78 **2015 NF PE RVU:** 8.15
2007 Fac PE RVU 1.55 **201 Fac PE RVU:** 1.91

RUC Recommendation: 3.63

CPT Action (if applicable): October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44393 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2013 Medicare Utilization:** 162

2007 Work RVU: 4.83 **2015 Work RVU:**
2007 NF PE RVU: 7.14 **2015 NF PE RVU:**
2007 Fac PE RVU 1.91 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2013 Medicare Utilization:** 1,452

2007 Work RVU: 4.42 **2015 Work RVU:** 4.42
2007 NF PE RVU: 7.97 **2015 NF PE RVU:** 9.04
2007 Fac PE RVU 1.81 **201 Fac PE RVU:** 2.24

RUC Recommendation: 4.13

CPT Action (if applicable): October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44397 **Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2013 Medicare Utilization:** 13

2007 Work RVU: 4.70 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.93 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44401 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 4.44

CPT Action (if applicable): October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44402 **Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 4.96 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44403 **Colonoscopy through stoma; with endoscopic mucosal resection**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 5.81 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44404 **Colonoscopy through stoma; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 3.13 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44405 **Colonoscopy through stoma; with transendoscopic balloon dilation**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 3.33 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44406 **Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 4.41 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44407 **Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 5.06 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44408 **Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 4.24

CPT Action (if applicable): October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44901 **Incision and drainage of appendiceal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Medicare Utilization:** 223

2007 Work RVU: 3.37 **2015 Work RVU:**
2007 NF PE RVU: 25.61 **2015 NF PE RVU:**
2007 Fac PE RVU 1.07 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44970 **Laparoscopy, surgical, appendectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS

First Identified: October 2008 **2013 Medicare Utilization:** 18,788

2007 Work RVU: 9.35 **2015 Work RVU:** 9.45
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.11 **201 Fac PE RVU:** 5.71

RUC Recommendation: Remove from screen

CPT Action (if applicable): **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45170 **Deleted from CPT**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2013 Medicare Utilization:**

2007 Work RVU: 12.48 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.28 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2013 Medicare Utilization:** 3,080

2007 Work RVU: **2015 Work RVU:** 8.13
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 7.65

RUC Recommendation: 8.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2013 Medicare Utilization:** 2,111

2007 Work RVU: **2015 Work RVU:** 12.13
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 9.13

RUC Recommendation: 12.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45330 **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2013 Medicare Utilization:** 59,534

2007 Work RVU: 0.96 **2015 Work RVU:** 0.96
2007 NF PE RVU: 2.33 **2015 NF PE RVU:** 2.80
2007 Fac PE RVU 0.53 **201 Fac PE RVU:** 0.72

RUC Recommendation: 0.84 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 37,177

2007 Work RVU: 1.15 **2015 Work RVU:** 1.15
2007 NF PE RVU: 3.11 **2015 NF PE RVU:** 3.32
2007 Fac PE RVU 0.64 **201 Fac PE RVU:** 0.84

RUC Recommendation: 1.14 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45332 **Sigmoidoscopy, flexible; with removal of foreign body(s)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 311

2007 Work RVU: 1.79 **2015 Work RVU:** 1.79
2007 NF PE RVU: 5.15 **2015 NF PE RVU:** 6.24
2007 Fac PE RVU 0.86 **201 Fac PE RVU:** 1.10

RUC Recommendation: 1.85 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 1,488

2007 Work RVU: 1.79 **2015 Work RVU:** 1.79
2007 NF PE RVU: 5.06 **2015 NF PE RVU:** 6.38
2007 Fac PE RVU 0.85 **201 Fac PE RVU:** 1.09

RUC Recommendation: 1.65 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45334 **Sigmoidoscopy, flexible; with control of bleeding, any method**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 3,433

2007 Work RVU: 2.73 **2015 Work RVU:** 2.73
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.24 **201 Fac PE RVU:** 1.55

RUC Recommendation: 2.10 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 2,822

2007 Work RVU: 1.46 **2015 Work RVU:** 1.46
2007 NF PE RVU: 3.74 **2015 NF PE RVU:** 6.14
2007 Fac PE RVU 0.75 **201 Fac PE RVU:** 0.96

RUC Recommendation: 1.15 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45337 **Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 1,039

2007 Work RVU: 2.36 **2015 Work RVU:** 2.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.06 **201 Fac PE RVU:** 1.36

RUC Recommendation: 2.20 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45338 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 4,690

2007 Work RVU: 2.34 **2015 Work RVU:** 2.34
2007 NF PE RVU: 5.37 **2015 NF PE RVU:** 6.39
2007 Fac PE RVU 1.07 **201 Fac PE RVU:** 1.35

RUC Recommendation: 2.15 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 1,701

2007 Work RVU: 3.14 **2015 Work RVU:**
2007 NF PE RVU: 4.03 **2015 NF PE RVU:**
2007 Fac PE RVU 1.38 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45340 **Sigmoidoscopy, flexible; with transendoscopic balloon dilation**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 1,209

2007 Work RVU: 1.89 **2015 Work RVU:** 1.89
2007 NF PE RVU: 7.18 **2015 NF PE RVU:** 11.67
2007 Fac PE RVU 0.89 **201 Fac PE RVU:** 1.14

RUC Recommendation: 1.35 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2013 Medicare Utilization:** 3,669

2007 Work RVU: 2.60 **2015 Work RVU:** 2.60
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.17 **201 Fac PE RVU:** 1.49

RUC Recommendation: 2.43 **CPT Action (if applicable):** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2013 Medicare Utilization:** 368

2007 Work RVU: 4.05 **2015 Work RVU:** 4.05
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.71 **201 Fac PE RVU:** 2.17

RUC Recommendation: 3.08 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 468

2007 Work RVU: 2.92 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.26 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45346 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 2.97 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45347 **Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 2.98 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45349 **Sigmoidoscopy, flexible; with endoscopic mucosal resection**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 3.83 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45350 **Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 1.78 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple**

Global: 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2013 Medicare Utilization:** 580

2007 Work RVU: 3.51 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.43 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45378 **Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 551,489

2007 Work RVU: 3.69 **2015 Work RVU:** 3.69
2007 NF PE RVU: 6.2 **2015 NF PE RVU:** 6.81
2007 Fac PE RVU 1.57 **201 Fac PE RVU:** 1.94

RUC Recommendation: 3.36 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45379 **Colonoscopy, flexible; with removal of foreign body(s)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 874

2007 Work RVU: 4.68 **2015 Work RVU:** 4.68
2007 NF PE RVU: 7.78 **2015 NF PE RVU:** 8.85
2007 Fac PE RVU 1.92 **201 Fac PE RVU:** 2.38

RUC Recommendation: 4.37 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45380 **Colonoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2013 Medicare Utilization:** 932,890

2007 Work RVU: 4.43 **2015 Work RVU:** 4.43
2007 NF PE RVU: 7.33 **2015 NF PE RVU:** 8.09
2007 Fac PE RVU 1.87 **201 Fac PE RVU:** 2.31

RUC Recommendation: 3.66 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45381 **Colonoscopy, flexible; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2008 **2013 Medicare Utilization:** 72,823

2007 Work RVU: 4.19 **2015 Work RVU:** 4.19
2007 NF PE RVU: 7.26 **2015 NF PE RVU:** 8.43
2007 Fac PE RVU 1.79 **201 Fac PE RVU:** 2.20

RUC Recommendation: 3.67 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

45382 **Colonoscopy, flexible; with control of bleeding, any method**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 23,203

2007 Work RVU: 5.68 **2015 Work RVU:** 5.68
2007 NF PE RVU: 10.04 **2015 NF PE RVU:** 10.62
2007 Fac PE RVU 2.37 **201 Fac PE RVU:** 2.89

RUC Recommendation: 4.76 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 53,253

2007 Work RVU: 5.86 **2015 Work RVU:**
2007 NF PE RVU: 8.08 **2015 NF PE RVU:**
2007 Fac PE RVU 2.34 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45384 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 144,620

2007 Work RVU: 4.69 **2015 Work RVU:** 4.69
2007 NF PE RVU: 6.9 **2015 NF PE RVU:** 7.78
2007 Fac PE RVU 1.93 **201 Fac PE RVU:** 2.33

RUC Recommendation: 4.17 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45385 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2013 Medicare Utilization:** 718,822

2007 Work RVU: 5.30 **2015 Work RVU:** 5.30
2007 NF PE RVU: 7.94 **2015 NF PE RVU:** 8.79
2007 Fac PE RVU 2.18 **201 Fac PE RVU:** 2.69

RUC Recommendation: 4.67 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45386 **Colonoscopy, flexible; with transendoscopic balloon dilation**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 2,151

2007 Work RVU: 4.57 **2015 Work RVU:** 4.57
2007 NF PE RVU: 12.37 **2015 NF PE RVU:** 13.69
2007 Fac PE RVU 1.89 **201 Fac PE RVU:** 2.33

RUC Recommendation: 3.87 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 644

2007 Work RVU: 5.90 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 2.49 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45388 **Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 4.98 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45389 **Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 5.50 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45390 **Colonoscopy, flexible; with endoscopic mucosal resection**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 6.35 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45391 **Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 906

2007 Work RVU: 5.09 **2015 Work RVU:** 5.09
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **201 Fac PE RVU:** 2.62

RUC Recommendation: 4.95 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45392 **Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 132

2007 Work RVU: 6.54 **2015 Work RVU:** 6.54
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.65 **201 Fac PE RVU:** 3.25

RUC Recommendation: 5.60 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45393 **Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 4.78 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45398 **Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 4.30 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

46200 **Fissurectomy, including sphincterotomy, when performed**

Global: 090 **Issue:** Fissurectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,465

2007 Work RVU: 3.48 **2015 Work RVU:** 3.59
2007 NF PE RVU: 4.46 **2015 NF PE RVU:** 8.54
2007 Fac PE RVU 3.08 **201 Fac PE RVU:** 5.12

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

46500 **Injection of sclerosing solution, hemorrhoids**

Global: 010 **Issue:** Hemorrhoid Injection **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 13 **Specialty Developing Recommendation:** ACS, ASCRS (colon) **First Identified:** January 2014 **2013 Medicare Utilization:** 12,541

2007 Work RVU: 1.64 **2015 Work RVU:** 1.69
2007 NF PE RVU: 2.48 **2015 NF PE RVU:** 4.89
2007 Fac PE RVU 1.18 **201 Fac PE RVU:** 1.77

RUC Recommendation: 1.69 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

47011 **Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Medicare Utilization:** 3,478

2007 Work RVU: 3.69 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.17 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47135 **Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** Liver Allotransplantation **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 14 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** January 2014 **2013 Medicare Utilization:** 1,376

2007 Work RVU: 83.29 **2015 Work RVU:** 83.64
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 30.59 **201 Fac PE RVU:** 38.24

RUC Recommendation: 91.78 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** April 2014 **2013 Medicare Utilization:** 8

2007 Work RVU: 70.39 **2015 Work RVU:** 70.74
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 26.2 **201 Fac PE RVU:** 33.88

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

47382 **Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency**

Global: 010 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2013 Medicare Utilization:** 1,921

2007 Work RVU: 15.19 **2015 Work RVU:** 15.22
2007 NF PE RVU: NA **2015 NF PE RVU:** 125.69
2007 Fac PE RVU 5.83 **201 Fac PE RVU:** 5.73

RUC Recommendation: New PE Inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 04 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Medicare Utilization:** 9,025

2007 Work RVU: 8.05 **2015 Work RVU:** 4.76
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.32 **201 Fac PE RVU:** 4.39

RUC Recommendation: 4.76

CPT Action (if applicable): June 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

47500 **Injection procedure for percutaneous transhepatic cholangiography**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 5,304

2007 Work RVU: 1.96 **2015 Work RVU:** 1.96
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.62 **201 Fac PE RVU:** 0.65

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 16,357

2007 Work RVU: 0.76 **2015 Work RVU:** 0.76
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.24 **201 Fac PE RVU:** 0.25

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage**

Global: 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 2,080

2007 Work RVU: 7.94 **2015 Work RVU:** 8.03
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **201 Fac PE RVU:** 4.79

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47511 **Introduction of percutaneous transhepatic stent for internal and external biliary drainage**

Global: 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 5,108

2007 Work RVU: 10.74 **2015 Work RVU:** 10.77
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.87 **201 Fac PE RVU:** 4.87

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

47525 **Change of percutaneous biliary drainage catheter**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 14 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2013 Medicare Utilization:** 11,770

2007 Work RVU: 5.55 **2015 Work RVU:** 1.54
2007 NF PE RVU: 14.8 **2015 NF PE RVU:** 13.11
2007 Fac PE RVU 2.67 **201 Fac PE RVU:** 0.76

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

47530 **Revision and/or reinsertion of transhepatic tube**

Global: 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2015 **2013 Medicare Utilization:** 234

2007 Work RVU: 5.96 **2015 Work RVU:** 6.05
2007 NF PE RVU: 32.56 **2015 NF PE RVU:** 32.55
2007 Fac PE RVU 3.53 **201 Fac PE RVU:** 3.53

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy**

Global: 000 **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: July 2013 **2013 Medicare Utilization:** 52

2007 Work RVU: 4.88 **2015 Work RVU:** 4.88
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.57 **201 Fac PE RVU:** 1.74

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

47561 **Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:** 25

2007 Work RVU: 5.17 **2015 Work RVU:** 5.17
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.82 **201 Fac PE RVU:** 2.14

RUC Recommendation:

CPT Action (if applicable): February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47562 **Laparoscopy, surgical; cholecystectomy**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request Final Rule for 2014 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACS

First Identified: September 2011 **2013 Medicare Utilization:** 114,008

2007 Work RVU: 11.63 **2015 Work RVU:** 10.47
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.06 **201 Fac PE RVU:** 6.09

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47563 **Laparoscopy, surgical; cholecystectomy with cholangiography**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Medicare Utilization:** 52,278

2007 Work RVU: 12.03 **2015 Work RVU:** 11.47
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.24 **201 Fac PE RVU:** 6.48

RUC Recommendation: No further action. 12.11

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

475XX1

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2015

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

475XX1(

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2015

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

475XX11

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2015 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

475XX12

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2015 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

475XX13

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2015 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

475XX14

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2015 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

475XX2

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2015 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

475XX3

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2015 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

475XX4

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2015 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

475XX5

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2015 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

475XX6

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2015 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

475XX7

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2015 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

475XX8

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2015 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

475XX9

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2015 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 13,121

2007 Work RVU: 17.35 **2015 Work RVU:** 17.48
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.4 **201 Fac PE RVU:** 9.33

RUC Recommendation: 20.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 2,821

2007 Work RVU: 15.90 **2015 Work RVU:** 18.48
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.47 **201 Fac PE RVU:** 9.67

RUC Recommendation: 21.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

48102 **Biopsy of pancreas, percutaneous needle**

Global: 010 **Issue:** Percutaneous Needle Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SIR **First Identified:** September 2007 **2013 Medicare Utilization:** 1,798

2007 Work RVU: 4.68 **2015 Work RVU:** 4.70
2007 NF PE RVU: 8.21 **2015 NF PE RVU:** 10.08
2007 Fac PE RVU 1.85 **201 Fac PE RVU:** 1.90

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

48511 **External drainage, pseudocyst of pancreas; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Medicare Utilization:** 357

2007 Work RVU: 3.99 **2015 Work RVU:**
2007 NF PE RVU: 20.43 **2015 NF PE RVU:**
2007 Fac PE RVU 1.27 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2013 Medicare Utilization:** 23,655

2007 Work RVU: 3.37 **2015 Work RVU:**
2007 NF PE RVU: 20.43 **2015 NF PE RVU:**
2007 Fac PE RVU 1.07 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2013 Medicare Utilization:** 1,126

2007 Work RVU: 3.99 **2015 Work RVU:**
2007 NF PE RVU: 19.33 **2015 NF PE RVU:**
2007 Fac PE RVU 1.27 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49061 **Drainage of retroperitoneal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2013 Medicare Utilization:** 7,724

2007 Work RVU: 3.69 **2015 Work RVU:**
2007 NF PE RVU: 19.38 **2015 NF PE RVU:**
2007 Fac PE RVU 1.17 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial**

Global: 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2013 Medicare Utilization:**

2007 Work RVU: 1.35 **2015 Work RVU:**
2007 NF PE RVU: 3.63 **2015 NF PE RVU:**
2007 Fac PE RVU 0.45 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent**

Global: 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.26 **2015 Work RVU:**
2007 NF PE RVU: 2.65 **2015 NF PE RVU:**
2007 Fac PE RVU 0.43 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49082 **Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2013 Medicare Utilization:** 14,513

2007 Work RVU: **2015 Work RVU:** 1.24
2007 NF PE RVU: **2015 NF PE RVU:** 4.10
2007 Fac PE RVU **201 Fac PE RVU:** 0.76

RUC Recommendation: 1.35 **CPT Action (if applicable):** June 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2013 Medicare Utilization:** 187,866

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** 6.15
2007 Fac PE RVU **201 Fac PE RVU:** 0.97

RUC Recommendation: 2.00 **CPT Action (if applicable):** June 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49084 **Peritoneal lavage, including imaging guidance, when performed** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2013 Medicare Utilization:** 2,295

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 0.72

RUC Recommendation: 2.50 **CPT Action (if applicable):** June 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.25
2007 NF PE RVU: **2015 NF PE RVU:** 20.20
2007 Fac PE RVU **201 Fac PE RVU:** 1.51

RUC Recommendation: 4.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49406 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.25
2007 NF PE RVU: **2015 NF PE RVU:** 20.23
2007 Fac PE RVU **201 Fac PE RVU:** 1.52

RUC Recommendation: 4.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49407 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.50
2007 NF PE RVU: **2015 NF PE RVU:** 15.89
2007 Fac PE RVU **201 Fac PE RVU:** 1.63

RUC Recommendation: 4.50 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: **2013 Medicare Utilization:** 4,207

2007 Work RVU: **2015 Work RVU:** 4.21
2007 NF PE RVU: **2015 NF PE RVU:** 36.06
2007 Fac PE RVU **201 Fac PE RVU:** 1.68

RUC Recommendation: 4.21

CPT Action (if applicable): February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49420 **Deleted from CPT**

Global: 000 **Issue:** Insertion of Intraperitoneal Cannula or Catheter **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACS

First Identified: April 2008 **2013 Medicare Utilization:**

2007 Work RVU: 2.22 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.11 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49421 **Insertion of tunneled intraperitoneal catheter for dialysis, open**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: September 2007 **2013 Medicare Utilization:** 3,824

2007 Work RVU: 5.87 **2015 Work RVU:** 4.21
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **201 Fac PE RVU:** 1.52

RUC Recommendation: 4.21

CPT Action (if applicable): February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49505 **Repair initial inguinal hernia, age 5 years or older; reducible**
Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACS
First Identified: September 2011 **2013 Medicare Utilization:** 74,776
2007 Work RVU: 7.88 **2015 Work RVU:** 7.96
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.78 **201 Fac PE RVU:** 5.20
RUC Recommendation: Reaffirmed
CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

49507 **Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated**
Global: 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS
First Identified: September 2007 **2013 Medicare Utilization:** 12,202
2007 Work RVU: 9.97 **2015 Work RVU:** 9.09
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **201 Fac PE RVU:** 5.68
RUC Recommendation: 10.05
CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

49521 **Repair recurrent inguinal hernia, any age; incarcerated or strangulated**
Global: 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS
First Identified: September 2007 **2013 Medicare Utilization:** 2,588
2007 Work RVU: 12.36 **2015 Work RVU:** 11.48
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **201 Fac PE RVU:** 6.51
RUC Recommendation: 12.44
CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

49587 **Repair umbilical hernia, age 5 years or older; incarcerated or strangulated**
Global: 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS
First Identified: September 2007 **2013 Medicare Utilization:** 9,484
2007 Work RVU: 7.96 **2015 Work RVU:** 7.08
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.77 **201 Fac PE RVU:** 4.98
RUC Recommendation: 8.04
CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

49652 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2013 Medicare Utilization:** 7,423

2007 Work RVU: **2015 Work RVU:** 11.92
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 6.80

RUC Recommendation: 12.88 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

49653 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2013 Medicare Utilization:** 3,756

2007 Work RVU: **2015 Work RVU:** 14.94
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 8.41

RUC Recommendation: 16.21 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2013 Medicare Utilization:** 6,783

2007 Work RVU: **2015 Work RVU:** 13.76
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 7.48

RUC Recommendation: 15.03 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

49655 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2013 Medicare Utilization:** 3,542

2007 Work RVU: **2015 Work RVU:** 16.84
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 9.10

RUC Recommendation: 18.11 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50021 **Drainage of perirenal or renal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Medicare Utilization:** 881

2007 Work RVU: 3.37 **2015 Work RVU:**
2007 NF PE RVU: 21.23 **2015 NF PE RVU:**
2007 Fac PE RVU 1.07 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50200 **Renal biopsy; percutaneous, by trocar or needle**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR

First Identified: NA **2013 Medicare Utilization:** 32,362

2007 Work RVU: 2.63 **2015 Work RVU:** 2.63
2007 NF PE RVU: NA **2015 NF PE RVU:** 14.56
2007 Fac PE RVU 1.24 **201 Fac PE RVU:** 1.22

RUC Recommendation: New PE Inputs

CPT Action (if applicable): **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

50360 **Renal allotransplantation, implantation of graft; without recipient nephrectomy**

Global: 090 **Issue:** Renal Allotransplantation **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR

First Identified: **2013 Medicare Utilization:** 9,983

2007 Work RVU: 40.45 **2015 Work RVU:** 39.88
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 16.32 **201 Fac PE RVU:** 20.99

RUC Recommendation: 40.90

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50387 **Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 5,615

2007 Work RVU: 2.00 **2015 Work RVU:** 2.00
2007 NF PE RVU: 16.66 **2015 NF PE RVU:** 13.27
2007 Fac PE RVU 0.65 **201 Fac PE RVU:** 0.65

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 22,182

2007 Work RVU: 3.37 **2015 Work RVU:** 3.37
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.46 **201 Fac PE RVU:** 1.49

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50393 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 12,655

2007 Work RVU: 4.15 **2015 Work RVU:** 4.15
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.71 **201 Fac PE RVU:** 1.75

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 25,143

2007 Work RVU: 0.76 **2015 Work RVU:** 0.76
2007 NF PE RVU: 2.45 **2015 NF PE RVU:** 2.13
2007 Fac PE RVU 0.63 **201 Fac PE RVU:** 0.61

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

50395 **Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2013 Medicare Utilization:** 3,450

2007 Work RVU: 3.37 **2015 Work RVU:** 3.37
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.47 **201 Fac PE RVU:** 1.47

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2014 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

50398 **Change of nephrostomy or pyelostomy tube**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 33,684

2007 Work RVU: 1.46 **2015 Work RVU:** 1.46
2007 NF PE RVU: 15.06 **2015 NF PE RVU:** 12.60
2007 Fac PE RVU 0.51 **201 Fac PE RVU:** 0.52

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

5039X1

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 3.15 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

5039X13

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 4.20 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

5039X13

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 4.20 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

5039X2

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 1.42 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

5039X3

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 5.75 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

5039X5

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50542 **Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2013 Medicare Utilization:** 387

2007 Work RVU: 21.18 **2015 Work RVU:** 21.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.93 **201 Fac PE RVU:** 9.72

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2013 Medicare Utilization:** 1,878

2007 Work RVU: 25.26 **2015 Work RVU:** 25.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.99 **201 Fac PE RVU:** 10.48

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2013 Medicare Utilization:** 59,171

2007 Work RVU: 9.64 **2015 Work RVU:** 9.77
2007 NF PE RVU: 13.6 **2015 NF PE RVU:** 9.65
2007 Fac PE RVU 4.65 **201 Fac PE RVU:** 5.42

RUC Recommendation: 9.77

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

50605 **Ureterotomy for insertion of indwelling stent, all types**

Global: 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AUA, SIR

First Identified: October 2008 **2013 Medicare Utilization:** 3,167

2007 Work RVU: 16.66 **2015 Work RVU:** 16.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.06 **201 Fac PE RVU:** 8.41

RUC Recommendation: CPT Assistant article published.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

5069X7

Global:

Issue: Genitourinary Catheter Procedures

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2015

Tab 09

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2014

2013 Medicare Utilization:

2007 Work RVU:

2015 Work RVU:

2007 NF PE RVU:

2015 NF PE RVU:

2007 Fac PE RVU

201 Fac PE RVU:

RUC Recommendation: 4.60

CPT Action (if applicable): October 2014

Result: Increase

Referred to CPT Asst ☐

Published in CPT Asst:

5069X8

Global:

Issue: Genitourinary Catheter Procedures

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2015

Tab 09

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2014

2013 Medicare Utilization:

2007 Work RVU:

2015 Work RVU:

2007 NF PE RVU:

2015 NF PE RVU:

2007 Fac PE RVU

201 Fac PE RVU:

RUC Recommendation: 6.00

CPT Action (if applicable): October 2014

Result: Increase

Referred to CPT Asst ☐

Published in CPT Asst:

5069X9

Global:

Issue: Genitourinary Catheter Procedures

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2015

Tab 09

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2014

2013 Medicare Utilization:

2007 Work RVU:

2015 Work RVU:

2007 NF PE RVU:

2015 NF PE RVU:

2007 Fac PE RVU

201 Fac PE RVU:

RUC Recommendation: 7.55

CPT Action (if applicable): October 2014

Result: Increase

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

506XX6

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2014 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

507XX11

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2014 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

507XX12

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2014 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51040 **Cystostomy, cystotomy with drainage**

Global: 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2013 Medicare Utilization:** 6,027

2007 Work RVU: 4.43 **2015 Work RVU:** 4.49
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.01 **201 Fac PE RVU:** 3.28

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

51102 **Aspiration of bladder; with insertion of suprapubic catheter**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2013 Medicare Utilization:** 13,944

2007 Work RVU: **2015 Work RVU:** 2.70
2007 NF PE RVU: **2015 NF PE RVU:** 3.46
2007 Fac PE RVU **201 Fac PE RVU:** 1.18

RUC Recommendation: 2.70

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51726 **Complex cystometrogram (ie, calibrated electronic equipment);**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG

First Identified: February 2008 **2013 Medicare Utilization:** 10,711

2007 Work RVU: 1.71 **2015 Work RVU:** 1.71
2007 NF PE RVU: 7.41 **2015 NF PE RVU:** 5.56
2007 Fac PE RVU 7.41 **201 Fac PE RVU:** NA

RUC Recommendation: 1.71

CPT Action (if applicable): February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

51727 **Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG

First Identified: **2013 Medicare Utilization:** 3,590

2007 Work RVU: **2015 Work RVU:** 2.11
2007 NF PE RVU: **2015 NF PE RVU:** 6.49
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 2.11

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2013 Medicare Utilization:** 72,214

2007 Work RVU: **2015 Work RVU:** 2.11
2007 NF PE RVU: **2015 NF PE RVU:** 6.58
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 2.11 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51729 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2013 Medicare Utilization:** 87,182

2007 Work RVU: **2015 Work RVU:** 2.51
2007 NF PE RVU: **2015 NF PE RVU:** 6.86
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 2.51 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51736 **Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)**

Global: XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** February 2010 **2013 Medicare Utilization:** 11,761

2007 Work RVU: 0.61 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.67 **2015 NF PE RVU:** 0.25
2007 Fac PE RVU 0.67 **201 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)**

Global: XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA

First Identified: October 2009 **2013 Medicare Utilization:** 583,158

2007 Work RVU: 1.14 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.91 **2015 NF PE RVU:** 0.26
2007 Fac PE RVU 0.91 **201 Fac PE RVU:** NA

RUC Recommendation: 0.17

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51772 **Deleted from CPT**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 1.61 **2015 Work RVU:**
2007 NF PE RVU: 5.44 **2015 NF PE RVU:**
2007 Fac PE RVU 5.44 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AUA

First Identified: October 2012 **2013 Medicare Utilization:** 178,904

2007 Work RVU: 1.53 **2015 Work RVU:** 1.53
2007 NF PE RVU: 3.95 **2015 NF PE RVU:** 3.76
2007 Fac PE RVU 3.95 **201 Fac PE RVU:** NA

RUC Recommendation: CPT edits and CPT Assistant article complete.

CPT Action (if applicable): February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2013 Medicare Utilization:** 19,320

2007 Work RVU: 1.10 **2015 Work RVU:** 1.10
2007 NF PE RVU: 5.74 **2015 NF PE RVU:** 4.75
2007 Fac PE RVU 5.74 **201 Fac PE RVU:** NA

RUC Recommendation: CPT edits and CPT Assistant article complete.

CPT Action (if applicable): February 2014 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51795 **Deleted from CPT**

Global: 000 **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** **First Identified:** February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 1.53 **2015 Work RVU:**
2007 NF PE RVU: 7.15 **2015 NF PE RVU:**
2007 Fac PE RVU 7.15 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

51797 **Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** **First Identified:** February 2008 **2013 Medicare Utilization:** 142,263

2007 Work RVU: 1.60 **2015 Work RVU:** 0.80
2007 NF PE RVU: 5.55 **2015 NF PE RVU:** 2.29
2007 Fac PE RVU 5.55 **201 Fac PE RVU:** NA

RUC Recommendation: 0.80

CPT Action (if applicable): February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52000 **Cystourethroscopy (separate procedure)**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AUA **First Identified:** October 2010 **2013 Medicare Utilization:** 928,183

2007 Work RVU: 2.23 **2015 Work RVU:** 2.23
2007 NF PE RVU: 3.4 **2015 NF PE RVU:** 3.31
2007 Fac PE RVU 0.91 **201 Fac PE RVU:** 1.14

RUC Recommendation: Maintain

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52214 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: June 2008 **2013 Medicare Utilization:** 21,204

2007 Work RVU: 3.70 **2015 Work RVU:** 3.50
2007 NF PE RVU: 33.55 **2015 NF PE RVU:** 14.72
2007 Fac PE RVU 1.47 **201 Fac PE RVU:** 1.18

RUC Recommendation: 3.50. CPT Assistant article published.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

Result: Decrease

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2013 Medicare Utilization:** 48,946

2007 Work RVU: 3.14 **2015 Work RVU:** 4.05
2007 NF PE RVU: 32.11 **2015 NF PE RVU:** 14.98
2007 Fac PE RVU 1.28 **201 Fac PE RVU:** 1.37

RUC Recommendation: 4.05. CPT Assistant article published.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

Result: Increase

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2013 Medicare Utilization:** 27,017

2007 Work RVU: 4.62 **2015 Work RVU:** 4.62
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.83 **201 Fac PE RVU:** 1.95

RUC Recommendation: 4.62

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA

First Identified: April 2011 **2013 Medicare Utilization:** 32,153

2007 Work RVU: 5.44 **2015 Work RVU:** 5.44
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **201 Fac PE RVU:** 2.26

RUC Recommendation: 5.44

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Medicare Utilization:** 23,350

2007 Work RVU: 9.71 **2015 Work RVU:** 7.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.6 **201 Fac PE RVU:** 2.96

RUC Recommendation: 8.75 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 38 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2013 Medicare Utilization:** 94,655

2007 Work RVU: 2.80 **2015 Work RVU:** 2.75
2007 NF PE RVU: 6.65 **2015 NF PE RVU:** 4.64
2007 Fac PE RVU 1.21 **201 Fac PE RVU:** 1.32

RUC Recommendation: 2.80 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2013 Medicare Utilization:** 172,055

2007 Work RVU: 2.83 **2015 Work RVU:** 2.82
2007 NF PE RVU: 7.42 **2015 NF PE RVU:** 10.65
2007 Fac PE RVU 1.19 **201 Fac PE RVU:** 1.34

RUC Recommendation: 2.82 **CPT Action (if applicable):** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2013 Medicare Utilization:** 2,487

2007 Work RVU: 6.11 **2015 Work RVU:** 5.35
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **201 Fac PE RVU:** 2.23

RUC Recommendation: 5.35 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2013 Medicare Utilization:** 301

2007 Work RVU: 6.61 **2015 Work RVU:** 5.85
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.59 **201 Fac PE RVU:** 2.40

RUC Recommendation: 5.85 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52343 **Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2013 Medicare Utilization:** 28

2007 Work RVU: 7.31 **2015 Work RVU:** 6.55
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.84 **201 Fac PE RVU:** 2.64

RUC Recommendation: 6.55 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52344 **Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Medicare Utilization:** 3,132

2007 Work RVU: 7.81 **2015 Work RVU:** 7.05
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.09 **201 Fac PE RVU:** 2.80

RUC Recommendation: 7.05 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2013 Medicare Utilization:** 620

2007 Work RVU: 8.31 **2015 Work RVU:** 7.55
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **201 Fac PE RVU:** 2.97

RUC Recommendation: 7.55 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52346 **Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2013 Medicare Utilization:** 262

2007 Work RVU: 9.34 **2015 Work RVU:** 8.58
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.62 **201 Fac PE RVU:** 3.32

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52351 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Medicare Utilization:** 21,008

2007 Work RVU: 5.85 **2015 Work RVU:** 5.75
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **201 Fac PE RVU:** 2.33

RUC Recommendation: 5.75 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52352 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Medicare Utilization:** 20,477

2007 Work RVU: 6.87 **2015 Work RVU:** 6.75
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.77 **201 Fac PE RVU:** 2.71

RUC Recommendation: 6.75 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52353 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2013 Medicare Utilization:** 50,345

2007 Work RVU: 7.96 **2015 Work RVU:** 7.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.14 **201 Fac PE RVU:** 2.96

RUC Recommendation: 7.50 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52354 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Medicare Utilization:** 7,704

2007 Work RVU: 7.33 **2015 Work RVU:** 8.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.94 **201 Fac PE RVU:** 3.12

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

52355 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Medicare Utilization:** 1,044

2007 Work RVU: 8.81 **2015 Work RVU:** 9.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.44 **201 Fac PE RVU:** 3.44

RUC Recommendation: 10.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52356 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** January 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 8.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.09

RUC Recommendation: 8.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Medicare Utilization:** 386

2007 Work RVU: 10.06 **2015 Work RVU:** 8.69
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.18 **201 Fac PE RVU:** 4.06

RUC Recommendation: 8.69 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52500 **Transurethral resection of bladder neck (separate procedure)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Medicare Utilization:** 4,303

2007 Work RVU: 9.39 **2015 Work RVU:** 8.14
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.52 **201 Fac PE RVU:** 4.93

RUC Recommendation: 8.14 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52640 **Transurethral resection; of postoperative bladder neck contracture**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Medicare Utilization:** 1,787

2007 Work RVU: 6.89 **2015 Work RVU:** 4.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.35 **201 Fac PE RVU:** 3.69

RUC Recommendation: 4.79 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Laser Surgery of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA

First Identified: February 2008

2013 Medicare Utilization: 26,018

2007 Work RVU: 12.00 **2015 Work RVU:** 12.15
2007 NF PE RVU: 66.1 **2015 NF PE RVU:** 38.21
2007 Fac PE RVU 5.44 **201 Fac PE RVU:** 6.29

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

53445 **Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007

2013 Medicare Utilization: 1,971

2007 Work RVU: 15.21 **2015 Work RVU:** 13.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.55 **201 Fac PE RVU:** 7.14

RUC Recommendation: 13.00

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy**

Global: 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 43 **Specialty Developing Recommendation:** AUA

First Identified: September 2011

2013 Medicare Utilization: 10,140

2007 Work RVU: 9.98 **2015 Work RVU:** 10.08
2007 NF PE RVU: 82.87 **2015 NF PE RVU:** 47.24
2007 Fac PE RVU 4.46 **201 Fac PE RVU:** 6.19

RUC Recommendation: 10.08

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

54405 **Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2013 Medicare Utilization:** 5,269

2007 Work RVU: 14.39 **2015 Work RVU:** 14.52
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.51 **201 Fac PE RVU:** 7.06

RUC Recommendation: 14.39

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2013 Medicare Utilization:** 1,313

2007 Work RVU: 16.48 **2015 Work RVU:** 15.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.35 **201 Fac PE RVU:** 7.79

RUC Recommendation: 15.18

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

54520 **Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach**

Global: 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2013 Medicare Utilization:** 3,275

2007 Work RVU: 5.25 **2015 Work RVU:** 5.30
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **201 Fac PE RVU:** 3.39

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

54530 **Orchiectomy, radical, for tumor; inguinal approach**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2013 Medicare Utilization:** 1,262

2007 Work RVU: 9.31 **2015 Work RVU:** 8.46
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.72 **201 Fac PE RVU:** 5.04

RUC Recommendation: 8.46

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

55706 **Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Medicare Utilization:** 1,339

2007 Work RVU: **2015 Work RVU:** 6.28
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.69

RUC Recommendation: Maintain

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

55840 **Prostatectomy, retropubic radical, with or without nerve sparing;**

Global: 090 **Issue:** **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: October 2013 **2013 Medicare Utilization:** 1,846

2007 Work RVU: 24.45 **2015 Work RVU:** 21.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.19 **201 Fac PE RVU:** 9.88

RUC Recommendation: 21.36

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55842 **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)**

Global: 090 **Issue:** **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: October 2013 **2013 Medicare Utilization:** 286

2007 Work RVU: 26.31 **2015 Work RVU:** 21.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.83 **201 Fac PE RVU:** 9.87

RUC Recommendation: 24.16

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

55845 **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global: 090 **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: July 2013 **2013 Medicare Utilization:** 2,151

2007 Work RVU: 30.52 **2015 Work RVU:** 25.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.01 **201 Fac PE RVU:** 11.16

RUC Recommendation: 29.07

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**

Global: 090 **Issue:** RAW **Screen:** New Technology / CMS Fastest Growing / CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2013 Medicare Utilization:** 13,161

2007 Work RVU: 32.25 **2015 Work RVU:** 32.06
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.87 **201 Fac PE RVU:** 14.17

RUC Recommendation: Survey for April 2015. 32.06

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 25 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2013 Medicare Utilization:** 2,025

2007 Work RVU: 20.25 **2015 Work RVU:** 13.60
2007 NF PE RVU: NA **2015 NF PE RVU:** 185.27
2007 Fac PE RVU 9.59 **201 Fac PE RVU:** 6.84

RUC Recommendation: 13.45

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2013 Medicare Utilization:** 1,816

2007 Work RVU: 3.03 **2015 Work RVU:** 3.08
2007 NF PE RVU: 2.5 **2015 NF PE RVU:** 2.92
2007 Fac PE RVU 1.79 **201 Fac PE RVU:** 2.22

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** D **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2013 Medicare Utilization:** 2,585

2007 Work RVU: 8.44 **2015 Work RVU:** 7.53
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.7 **201 Fac PE RVU:** 5.95

RUC Recommendation: 7.35

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

57155 **Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy**

Global: 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** ACOG, ASTRO

First Identified: September 2007 **2013 Medicare Utilization:** 3,451

2007 Work RVU: 6.79 **2015 Work RVU:** 5.40
2007 NF PE RVU: NA **2015 NF PE RVU:** 6.23
2007 Fac PE RVU 4.3 **201 Fac PE RVU:** 2.36

RUC Recommendation: Review action plan (CPT 2011 Utilization Review). 5.40

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

57156 **Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy** **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2013 Medicare Utilization:** 10,810

2007 Work RVU: **2015 Work RVU:** 2.69
2007 NF PE RVU: **2015 NF PE RVU:** 2.67
2007 Fac PE RVU **201 Fac PE RVU:** 1.25

RUC Recommendation: Review action plan (CPT 2011 Utilization Review). 2.69

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57287 **Removal or revision of sling for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Medicare Utilization:** 2,797

2007 Work RVU: 11.49 **2015 Work RVU:** 11.15
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **201 Fac PE RVU:** 6.90

RUC Recommendation: 10.97

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57288 **Sling operation for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2013 Medicare Utilization:** 29,371

2007 Work RVU: 14.01 **2015 Work RVU:** 12.13
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.21 **201 Fac PE RVU:** 6.79

RUC Recommendation: 12.00

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58555 **Hysteroscopy, diagnostic (separate procedure)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2013 Medicare Utilization:** 1,722

2007 Work RVU: 3.33 **2015 Work RVU:** 3.33
2007 NF PE RVU: 2.32 **2015 NF PE RVU:** 4.83
2007 Fac PE RVU 1.47 **201 Fac PE RVU:** 1.65

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2013 Medicare Utilization:** 41,635

2007 Work RVU: 4.74 **2015 Work RVU:** 4.74
2007 NF PE RVU: 2.52 **2015 NF PE RVU:** 5.88
2007 Fac PE RVU 2.05 **201 Fac PE RVU:** 2.24

RUC Recommendation: New PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

58562 **Hysteroscopy, surgical; with removal of impacted foreign body**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2013 Medicare Utilization:** 212

2007 Work RVU: 5.20 **2015 Work RVU:** 5.20
2007 NF PE RVU: 2.63 **2015 NF PE RVU:** 5.78
2007 Fac PE RVU 2.21 **201 Fac PE RVU:** 2.39

RUC Recommendation: New PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2013 Medicare Utilization:** 5,189

2007 Work RVU: 6.16 **2015 Work RVU:** 6.16
2007 NF PE RVU: 51.38 **2015 NF PE RVU:** 39.91
2007 Fac PE RVU 2.58 **201 Fac PE RVU:** 2.79

RUC Recommendation: New PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

58660 **Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** September 2007 **2013 Medicare Utilization:** 1,588

2007 Work RVU: 11.54 **2015 Work RVU:** 11.59
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.07 **201 Fac PE RVU:** 5.95

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

58661 **Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)**

Global: 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2013 Medicare Utilization:** 11,158

2007 Work RVU: 11.30 **2015 Work RVU:** 11.35
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.84 **201 Fac PE RVU:** 5.48

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Medicare Utilization:** 307

2007 Work RVU: 3.37 **2015 Work RVU:**
2007 NF PE RVU: 20.75 **2015 NF PE RVU:**
2007 Fac PE RVU 1.08 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

59400 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2013 Medicare Utilization:** 4,349

2007 Work RVU: 26.80 **2015 Work RVU:** 32.16
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.06 **201 Fac PE RVU:** 20.21

RUC Recommendation: 32.69

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

59409 **Vaginal delivery only (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2013 Medicare Utilization:** 1,922

2007 Work RVU: 13.48 **2015 Work RVU:** 14.37
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.91 **201 Fac PE RVU:** 5.73

RUC Recommendation: 14.37

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

59410 **Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2013 Medicare Utilization:** 1,376

2007 Work RVU: 15.29 **2015 Work RVU:** 18.01
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **201 Fac PE RVU:** 7.68

RUC Recommendation: 18.54 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59412 **External cephalic version, with or without tocolysis**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Medicare Utilization:** 38

2007 Work RVU: 1.71 **2015 Work RVU:** 1.71
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.77 **201 Fac PE RVU:** 0.85

RUC Recommendation: 1.71 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

59414 **Delivery of placenta (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Medicare Utilization:** 62

2007 Work RVU: 1.61 **2015 Work RVU:** 1.61
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.59 **201 Fac PE RVU:** 0.63

RUC Recommendation: 1.61 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

59425 **Antepartum care only; 4-6 visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Medicare Utilization:** 1,164

2007 Work RVU: 6.22 **2015 Work RVU:** 6.31
2007 NF PE RVU: 4.21 **2015 NF PE RVU:** 5.25
2007 Fac PE RVU 1.81 **201 Fac PE RVU:** 2.50

RUC Recommendation: 6.31 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59426 **Antepartum care only; 7 or more visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Medicare Utilization:** 1,028

2007 Work RVU: 11.04 **2015 Work RVU:** 11.16
2007 NF PE RVU: 7.6 **2015 NF PE RVU:** 9.64
2007 Fac PE RVU 3.17 **201 Fac PE RVU:** 4.42

RUC Recommendation: 11.16

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

59430 **Postpartum care only (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Medicare Utilization:** 1,542

2007 Work RVU: 2.13 **2015 Work RVU:** 2.47
2007 NF PE RVU: 1.19 **2015 NF PE RVU:** 2.26
2007 Fac PE RVU 0.88 **201 Fac PE RVU:** 0.98

RUC Recommendation: 2.47

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

59510 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2013 Medicare Utilization:** 3,526

2007 Work RVU: 30.34 **2015 Work RVU:** 35.64
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 16.92 **201 Fac PE RVU:** 22.01

RUC Recommendation: 36.17

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

59514 **Cesarean delivery only;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** **2013 Medicare Utilization:** 1,584

2007 Work RVU: 15.95 **2015 Work RVU:** 16.13
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.78 **201 Fac PE RVU:** 6.40

RUC Recommendation: 16.13

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

59515 **Cesarean delivery only; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Medicare Utilization:** 1,280

2007 Work RVU: 18.26 **2015 Work RVU:** 21.47
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.43 **201 Fac PE RVU:** 9.58

RUC Recommendation: 22.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59610 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Medicare Utilization:** 91

2007 Work RVU: 28.21 **2015 Work RVU:** 33.87
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.52 **201 Fac PE RVU:** 20.69

RUC Recommendation: 34.40 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59612 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Medicare Utilization:** 52

2007 Work RVU: 15.04 **2015 Work RVU:** 16.09
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **201 Fac PE RVU:** 6.31

RUC Recommendation: 16.09 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Medicare Utilization:** 43

2007 Work RVU: 16.59 **2015 Work RVU:** 19.73
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **201 Fac PE RVU:** 8.21

RUC Recommendation: 20.26 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59618 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Medicare Utilization:** 24

2007 Work RVU: 31.78 **2015 Work RVU:** 36.16
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 17.74 **201 Fac PE RVU:** 22.16

RUC Recommendation: 36.69 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Medicare Utilization:** 13

2007 Work RVU: 17.50 **2015 Work RVU:** 16.66
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.27 **201 Fac PE RVU:** 6.54

RUC Recommendation: 16.66 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

59622 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Medicare Utilization:** 14

2007 Work RVU: 19.70 **2015 Work RVU:** 22.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.14 **201 Fac PE RVU:** 9.82

RUC Recommendation: 22.53 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

60220 **Total thyroid lobectomy, unilateral; with or without isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Medicare Utilization:** 8,225

2007 Work RVU: 12.29 **2015 Work RVU:** 11.19
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **201 Fac PE RVU:** 7.12

RUC Recommendation: 12.29 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60225 **Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS

First Identified: September 2007 **2013 Medicare Utilization:** 546

2007 Work RVU: 14.67 **2015 Work RVU:** 14.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **201 Fac PE RVU:** 9.25

RUC Recommendation: 14.67

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

60520 **Thymectomy, partial or total; transcervical approach (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2013 Medicare Utilization:** 325

2007 Work RVU: 17.07 **2015 Work RVU:** 17.16
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.95 **201 Fac PE RVU:** 9.21

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

60521 **Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2013 Medicare Utilization:** 368

2007 Work RVU: 19.11 **2015 Work RVU:** 19.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.22 **201 Fac PE RVU:** 9.04

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60522 **Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2013 Medicare Utilization:** 128

2007 Work RVU: 23.37 **2015 Work RVU:** 23.48
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.89 **201 Fac PE RVU:** 10.65

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61055 **Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Medicare Utilization:** 658

2007 Work RVU: 2.10 **2015 Work RVU:** 2.10
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.37 **201 Fac PE RVU:** 1.05

RUC Recommendation: Editorial change

CPT Action (if applicable): October 2013

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS

First Identified: **2013 Medicare Utilization:** 12,093

2007 Work RVU: **2015 Work RVU:** 3.75
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.75

RUC Recommendation: 3.75

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS **First Identified:** **2013 Medicare Utilization:** 10,609

2007 Work RVU: **2015 Work RVU:** 3.18
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.42

RUC Recommendation: 3.18 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2013 Medicare Utilization:** 4,658

2007 Work RVU: **2015 Work RVU:** 3.75
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.78

RUC Recommendation: 3.75 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61793 **Deleted from CPT**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2013 Medicare Utilization:**

2007 Work RVU: 17.75 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 10.08 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61795 **Deleted from CPT** | **Global:** ZZZ | **Issue:** Stereotactic Radiosurgery | **Screen:** CMS Fastest Growing | **Complete?** Yes

Most Recent RUC Meeting: February 2009 | **Tab** 38 | **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS | **First Identified:** October 2008 | **2013 Medicare Utilization:** | **2007 Work RVU:** 4.03 | **2015 Work RVU:** | **2007 NF PE RVU:** NA | **2015 NF PE RVU:** | **2007 Fac PE RVU** 1.87 | **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT | **CPT Action (if applicable):** October 2009 | **Result:** Deleted from CPT

Referred to CPT Asst ☐ | **Published in CPT Asst:**

61796 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion** | **Global:** 090 | **Issue:** Stereotactic Radiosurgery | **Screen:** CMS Request - 2009 Final Rule | **Complete?** Yes

Most Recent RUC Meeting: February 2009 | **Tab** 38 | **Specialty Developing Recommendation:** | **First Identified:** NA | **2013 Medicare Utilization:** 5,433 | **2007 Work RVU:** | **2015 Work RVU:** 13.93 | **2007 NF PE RVU:** | **2015 NF PE RVU:** NA | **2007 Fac PE RVU** | **201 Fac PE RVU:** 10.25

RUC Recommendation: 15.50 | **CPT Action (if applicable):** | **Result:** Decrease

Referred to CPT Asst ☐ | **Published in CPT Asst:**

61797 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)** | **Global:** ZZZ | **Issue:** Stereotactic Radiosurgery | **Screen:** CMS Request - 2009 Final Rule | **Complete?** Yes

Most Recent RUC Meeting: February 2009 | **Tab** 38 | **Specialty Developing Recommendation:** | **First Identified:** NA | **2013 Medicare Utilization:** 4,694 | **2007 Work RVU:** | **2015 Work RVU:** 3.48 | **2007 NF PE RVU:** | **2015 NF PE RVU:** NA | **2007 Fac PE RVU** | **201 Fac PE RVU:** 1.63

RUC Recommendation: 3.48 | **CPT Action (if applicable):** | **Result:** Decrease

Referred to CPT Asst ☐ | **Published in CPT Asst:**

61798 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion** | **Global:** 090 | **Issue:** Stereotactic Radiosurgery | **Screen:** CMS Request - 2009 Final Rule | **Complete?** Yes

Most Recent RUC Meeting: February 2009 | **Tab** 38 | **Specialty Developing Recommendation:** | **First Identified:** NA | **2013 Medicare Utilization:** 3,610 | **2007 Work RVU:** | **2015 Work RVU:** 19.85 | **2007 NF PE RVU:** | **2015 NF PE RVU:** NA | **2007 Fac PE RVU** | **201 Fac PE RVU:** 12.95

RUC Recommendation: 19.75 | **CPT Action (if applicable):** | **Result:** Decrease

Referred to CPT Asst ☐ | **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61799 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA

2013 Medicare Utilization: 813

2007 Work RVU: **2015 Work RVU:** 4.81

2007 NF PE RVU: **2015 NF PE RVU:** NA

2007 Fac PE RVU **201 Fac PE RVU:** 2.25

RUC Recommendation: 4.81

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61800 **Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 16 **Specialty Developing Recommendation:**

First Identified:

2013 Medicare Utilization: 5,649

2007 Work RVU: **2015 Work RVU:** 2.25

2007 NF PE RVU: **2015 NF PE RVU:** NA

2007 Fac PE RVU **201 Fac PE RVU:** 1.40

RUC Recommendation: 2.25

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61885 **Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array**

Global: 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007

2013 Medicare Utilization: 5,708

2007 Work RVU: 7.37 **2015 Work RVU:** 6.05

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 5.85 **201 Fac PE RVU:** 6.73

RUC Recommendation: 6.44

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2013 Medicare Utilization:** 646

2007 Work RVU: 6.41 **2015 Work RVU:** 5.00
2007 NF PE RVU: 11.78 **2015 NF PE RVU:** 12.60
2007 Fac PE RVU 3.11 **201 Fac PE RVU:** 4.18

RUC Recommendation: 6.54 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2013 Medicare Utilization:** 708

2007 Work RVU: 2.66 **2015 Work RVU:** 2.66
2007 NF PE RVU: 5.16 **2015 NF PE RVU:** 3.67
2007 Fac PE RVU 0.89 **201 Fac PE RVU:** 1.43

RUC Recommendation: Remove 99238 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

62284 **Injection procedure for myelography and/or computed tomography, lumbar (other than C1-C2 and posterior fossa)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Medicare Utilization:** 55,748

2007 Work RVU: 1.54 **2015 Work RVU:** 1.54
2007 NF PE RVU: 4.62 **2015 NF PE RVU:** 3.49
2007 Fac PE RVU 0.67 **201 Fac PE RVU:** 0.78

RUC Recommendation: 1.54 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2013 Medicare Utilization:** 364

2007 Work RVU: 8.88 **2015 Work RVU:** 9.03
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **201 Fac PE RVU:** 6.33

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS **First Identified:** October 2009 **2013 Medicare Utilization:** 13,490

2007 Work RVU: 3.00 **2015 Work RVU:** 3.00
2007 NF PE RVU: 6.43 **2015 NF PE RVU:** 6.23
2007 Fac PE RVU 1.31 **201 Fac PE RVU:** 1.68

RUC Recommendation: 3.00, CPT Assistant article published.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

Result: Maintain

62302 **Myelography via lumbar injection, including radiological supervision and interpretation; cervical**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.29
2007 NF PE RVU: **2015 NF PE RVU:** 4.39
2007 Fac PE RVU **201 Fac PE RVU:** 1.05

RUC Recommendation: 2.29

CPT Action (if applicable): October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62303 **Myelography via lumbar injection, including radiological supervision and interpretation; thoracic**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.29
2007 NF PE RVU: **2015 NF PE RVU:** 4.66
2007 Fac PE RVU **201 Fac PE RVU:** 1.10

RUC Recommendation: 2.29 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62304 **Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.25
2007 NF PE RVU: **2015 NF PE RVU:** 4.34
2007 Fac PE RVU **201 Fac PE RVU:** 1.03

RUC Recommendation: 2.25 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62305 **Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.35
2007 NF PE RVU: **2015 NF PE RVU:** 4.86
2007 Fac PE RVU **201 Fac PE RVU:** 1.09

RUC Recommendation: 2.35 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2013 Medicare Utilization:** 217,387

2007 Work RVU: 1.91 **2015 Work RVU:** 1.91
2007 NF PE RVU: 4.35 **2015 NF PE RVU:** 4.76
2007 Fac PE RVU 0.63 **201 Fac PE RVU:** 1.06

RUC Recommendation: Refer to CPT. 1.68 **CPT Action (if applicable):** CPT 2017 cycle **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **2013 Medicare Utilization:** 901,457

2007 Work RVU: 1.54 **2015 Work RVU:** 1.54
2007 NF PE RVU: 4.35 **2015 NF PE RVU:** 4.61
2007 Fac PE RVU 0.58 **201 Fac PE RVU:** 0.90

RUC Recommendation: Refer to CPT. 1.54 **CPT Action (if applicable):** CPT 2017 cycle **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2013 Medicare Utilization:** 35,943

2007 Work RVU: 2.04 **2015 Work RVU:** 2.04
2007 NF PE RVU: 5.09 **2015 NF PE RVU:** 4.32
2007 Fac PE RVU 0.61 **201 Fac PE RVU:** 0.66

RUC Recommendation: Refer to CPT. 2.04 **CPT Action (if applicable):** CPT 2017 cycle **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2013 Medicare Utilization:** 23,675

2007 Work RVU: 1.87 **2015 Work RVU:** 1.87
2007 NF PE RVU: 4.45 **2015 NF PE RVU:** 2.74
2007 Fac PE RVU 0.58 **201 Fac PE RVU:** 0.73

RUC Recommendation: Refer to CPT. 1.87 **CPT Action (if applicable):** CPT 2017 cycle **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62350 **Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Medicare Utilization:** 6,458

2007 Work RVU: 8.04 **2015 Work RVU:** 6.05
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4 **201 Fac PE RVU:** 4.41

RUC Recommendation: 6.05 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62355 **Removal of previously implanted intrathecal or epidural catheter**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,293

2007 Work RVU: 6.60 **2015 Work RVU:** 3.55
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **201 Fac PE RVU:** 3.50

RUC Recommendation: 4.35 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62360 **Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** April 2008 **2013 Medicare Utilization:** 535

2007 Work RVU: 3.68 **2015 Work RVU:** 4.33
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.87 **201 Fac PE RVU:** 3.61

RUC Recommendation: 4.33 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62361 **Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** April 2008 **2013 Medicare Utilization:** 84

2007 Work RVU: 6.59 **2015 Work RVU:** 5.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.94 **201 Fac PE RVU:** 5.47

RUC Recommendation: 5.65 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62362 **Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Medicare Utilization:** 7,701

2007 Work RVU: 8.58 **2015 Work RVU:** 5.60
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **201 Fac PE RVU:** 4.37

RUC Recommendation: 6.10 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62365 **Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** September 2007 **2013 Medicare Utilization:** 1,200

2007 Work RVU: 6.57 **2015 Work RVU:** 3.93
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **201 Fac PE RVU:** 3.75

RUC Recommendation: 4.65 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62367 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2013 Medicare Utilization:** 7,646

2007 Work RVU: 0.48 **2015 Work RVU:** 0.48
2007 NF PE RVU: 0.56 **2015 NF PE RVU:** 0.64
2007 Fac PE RVU 0.1 **201 Fac PE RVU:** 0.20

RUC Recommendation: 0.48 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62368 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2013 Medicare Utilization:** 52,221

2007 Work RVU: 0.75 **2015 Work RVU:** 0.67
2007 NF PE RVU: 0.67 **2015 NF PE RVU:** 0.88
2007 Fac PE RVU 0.17 **201 Fac PE RVU:** 0.28

RUC Recommendation: 0.67 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62369 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2013 Medicare Utilization:** 45,444

2007 Work RVU: **2015 Work RVU:** 0.67
2007 NF PE RVU: **2015 NF PE RVU:** 2.70
2007 Fac PE RVU **201 Fac PE RVU:** 0.29

RUC Recommendation: 0.67 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2013 Medicare Utilization:** 83,540

2007 Work RVU: **2015 Work RVU:** 0.90
2007 NF PE RVU: **2015 NF PE RVU:** 2.63
2007 Fac PE RVU **201 Fac PE RVU:** 0.36

RUC Recommendation: 1.10 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2013 Medicare Utilization:** 38,475

2007 Work RVU: 13.03 **2015 Work RVU:** 13.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.5 **201 Fac PE RVU:** 10.95

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63042 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2013 Medicare Utilization:** 19,063

2007 Work RVU: 18.61 **2015 Work RVU:** 18.76
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.2 **201 Fac PE RVU:** 13.57

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63045 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2013 Medicare Utilization:** 8,296

2007 Work RVU: 17.82 **2015 Work RVU:** 17.95
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.4 **201 Fac PE RVU:** 13.00

RUC Recommendation: 17.95

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63046 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:**

First Identified: November 2013 **2013 Medicare Utilization:** 3,000

2007 Work RVU: 17.12 **2015 Work RVU:** 17.25
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **201 Fac PE RVU:** 12.52

RUC Recommendation: 17.25

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

63047 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar**

Global: 090 **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS

First Identified: September 2011 **2013 Medicare Utilization:** 95,199

2007 Work RVU: 15.22 **2015 Work RVU:** 15.37
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **201 Fac PE RVU:** 12.01

RUC Recommendation: 15.37

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

63048 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS

First Identified: January 2012 **2013 Medicare Utilization:** 129,725

2007 Work RVU: 3.47 **2015 Work RVU:** 3.47
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.58 **201 Fac PE RVU:** 1.68

RUC Recommendation: 3.47

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

63056 **Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2013 Medicare Utilization:** 7,942

2007 Work RVU: 21.73 **2015 Work RVU:** 21.86
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.31 **201 Fac PE RVU:** 14.66

RUC Recommendation: Maintain **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

63075 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace**

Global: 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2013 Medicare Utilization:** 1,313

2007 Work RVU: 19.47 **2015 Work RVU:** 19.60
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.87 **201 Fac PE RVU:** 13.71

RUC Recommendation: 19.60 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63076 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2013 Medicare Utilization:** 780

2007 Work RVU: 4.04 **2015 Work RVU:** 4.04
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.93 **201 Fac PE RVU:** 1.92

RUC Recommendation: 4.04 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63090 **Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2015 **2013 Medicare Utilization:** 1,306

2007 Work RVU: 30.78 **2015 Work RVU:** 30.93
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.58 **201 Fac PE RVU:** 18.56

RUC Recommendation: Refer to CPT for bundling **CPT Action (if applicable):** CPT 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

63620 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2013 Medicare Utilization:** 437

2007 Work RVU: **2015 Work RVU:** 15.60
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 10.95

RUC Recommendation: 15.50 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2013 Medicare Utilization:** 100

2007 Work RVU: **2015 Work RVU:** 4.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 1.88

RUC Recommendation: 4.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63650 **Percutaneous implantation of neurostimulator electrode array, epidural**

Global: 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 22 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Medicare Utilization:** 51,578

2007 Work RVU: 7.57 **2015 Work RVU:** 7.15
2007 NF PE RVU: NA **2015 NF PE RVU:** 29.92
2007 Fac PE RVU 3.11 **201 Fac PE RVU:** 4.06

RUC Recommendation: 7.20. New PE Inputs **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63655 **Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2013 Medicare Utilization:** 6,940

2007 Work RVU: 11.43 **2015 Work RVU:** 10.92
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.15 **201 Fac PE RVU:** 9.53

RUC Recommendation: 11.43 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63660 **Deleted from CPT**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Medicare Utilization:**

2007 Work RVU: 6.87 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.54 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2013 Medicare Utilization:** 3,682

2007 Work RVU: **2015 Work RVU:** 5.08
2007 NF PE RVU: **2015 NF PE RVU:** 10.69
2007 Fac PE RVU **201 Fac PE RVU:** 3.44

RUC Recommendation: 5.03 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2013 Medicare Utilization:** 1,709

2007 Work RVU: **2015 Work RVU:** 11.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 9.69

RUC Recommendation: 10.87 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2013 Medicare Utilization:** 1,100

2007 Work RVU: **2015 Work RVU:** 7.75
2007 NF PE RVU: **2015 NF PE RVU:** 13.78
2007 Fac PE RVU **201 Fac PE RVU:** 4.34

RUC Recommendation: 70 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2013 Medicare Utilization:** 702

2007 Work RVU: **2015 Work RVU:** 11.52
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 9.73

RUC Recommendation: 11.39 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 68 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Medicare Utilization:** 15,269

2007 Work RVU: 7.87 **2015 Work RVU:** 5.19
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **201 Fac PE RVU:** 4.29

RUC Recommendation: 6.05 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** I **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Medicare Utilization:** 6,154

2007 Work RVU: 6.10 **2015 Work RVU:** 5.30
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.56 **201 Fac PE RVU:** 4.28

RUC Recommendation: 5.25 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64412 **Injection, anesthetic agent; spinal accessory nerve**

Global: 000 **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2013 Medicare Utilization:** 5,717

2007 Work RVU: 1.18 **2015 Work RVU:** 1.18
2007 NF PE RVU: 2.5 **2015 NF PE RVU:** 2.71
2007 Fac PE RVU 0.46 **201 Fac PE RVU:** 0.73

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:**

64415 **Injection, anesthetic agent; brachial plexus, single**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2013 Medicare Utilization:** 139,821

2007 Work RVU: 1.48 **2015 Work RVU:** 1.48
2007 NF PE RVU: 2.47 **2015 NF PE RVU:** 1.74
2007 Fac PE RVU 0.43 **201 Fac PE RVU:** 0.26

RUC Recommendation: 1.48, Review in October 2017 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

64416 **Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2013 Medicare Utilization:** 17,790

2007 Work RVU: 3.85 **2015 Work RVU:** 1.81
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.74 **201 Fac PE RVU:** 0.31

RUC Recommendation: Remove from screen. 1.81 **CPT Action (if applicable):** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection, anesthetic agent; sciatic nerve, single**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2013 Medicare Utilization:** 121,415

2007 Work RVU: 1.48 **2015 Work RVU:** 1.48
2007 NF PE RVU: 2.42 **2015 NF PE RVU:** 2.20
2007 Fac PE RVU 0.51 **201 Fac PE RVU:** 0.43

RUC Recommendation: 1.48, Review in October 2017 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

Status Report: CMS Requests and Relativity Assessment Issues

64446 **Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA

First Identified: February 2008 **2013 Medicare Utilization:** 7,330

2007 Work RVU: 3.61 **2015 Work RVU:** 1.81
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.9 **201 Fac PE RVU:** 0.32

RUC Recommendation: 1.81

CPT Action (if applicable): February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64447 **Injection, anesthetic agent; femoral nerve, single**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2008 **2013 Medicare Utilization:** 139,455

2007 Work RVU: 1.50 **2015 Work RVU:** 1.50
2007 NF PE RVU: NA **2015 NF PE RVU:** 1.77
2007 Fac PE RVU 0.38 **201 Fac PE RVU:** 0.27

RUC Recommendation: 1.50, Review in October 2017

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

64448 **Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASA

First Identified: February 2008 **2013 Medicare Utilization:** 67,613

2007 Work RVU: 3.36 **2015 Work RVU:** 1.63
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.73 **201 Fac PE RVU:** 0.28

RUC Recommendation: Remove from screen. 1.63

CPT Action (if applicable): February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64449 **Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA

First Identified: September 2007

2013 Medicare Utilization: 5,464

2007 Work RVU: 3.24 **2015 Work RVU:** 1.81
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.84 **201 Fac PE RVU:** 0.42

RUC Recommendation: 1.81

CPT Action (if applicable): February 2008

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64450 **Injection, anesthetic agent; other peripheral nerve or branch**

Global: 000 **Issue:** Injection - Anesthetic Agent **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 24 **Specialty Developing Recommendation:** ASA, AAPM, APMA, ASIPP

First Identified: October 2009

2013 Medicare Utilization: 955,136

2007 Work RVU: 1.27 **2015 Work RVU:** 0.75
2007 NF PE RVU: 1.25 **2015 NF PE RVU:** 1.46
2007 Fac PE RVU 0.49 **201 Fac PE RVU:** 0.49

RUC Recommendation: 0.75

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

64470 **Deleted from CPT**

Global: 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM

First Identified: April 2008

2013 Medicare Utilization:

2007 Work RVU: 1.85 **2015 Work RVU:**
2007 NF PE RVU: 6.37 **2015 NF PE RVU:**
2007 Fac PE RVU 0.71 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64472 **Deleted from CPT**

Global: ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 1.29 **2015 Work RVU:**
2007 NF PE RVU: 2.05 **2015 NF PE RVU:**
2007 Fac PE RVU 0.34 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64475 **Deleted from CPT**

Global: 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2013 Medicare Utilization:**

2007 Work RVU: 1.41 **2015 Work RVU:**
2007 NF PE RVU: 6.07 **2015 NF PE RVU:**
2007 Fac PE RVU 0.62 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64476 **Deleted from CPT**

Global: ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.98 **2015 Work RVU:**
2007 NF PE RVU: 1.86 **2015 NF PE RVU:**
2007 Fac PE RVU 0.24 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64479 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level**

Global: 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2013 Medicare Utilization:** 40,535

2007 Work RVU: 2.20 **2015 Work RVU:** 2.29
2007 NF PE RVU: 6.55 **2015 NF PE RVU:** 4.20
2007 Fac PE RVU 0.87 **201 Fac PE RVU:** 1.32

RUC Recommendation: 2.29 **CPT Action (if applicable):** June 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64480 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2013 Medicare Utilization:** 24,288

2007 Work RVU: 1.54 **2015 Work RVU:** 1.20
2007 NF PE RVU: 2.5 **2015 NF PE RVU:** 1.90
2007 Fac PE RVU 0.45 **201 Fac PE RVU:** 0.51

RUC Recommendation: 1.20 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64483 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level**

Global: 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2013 Medicare Utilization:** 878,150

2007 Work RVU: 1.90 **2015 Work RVU:** 1.90
2007 NF PE RVU: 6.86 **2015 NF PE RVU:** 4.16
2007 Fac PE RVU 0.81 **201 Fac PE RVU:** 1.19

RUC Recommendation: 1.90 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64484 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2013 Medicare Utilization:** 439,261

2007 Work RVU: 1.33 **2015 Work RVU:** 1.00
2007 NF PE RVU: 2.86 **2015 NF PE RVU:** 1.41
2007 Fac PE RVU 0.36 **201 Fac PE RVU:** 0.42

RUC Recommendation: 1.00 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64490 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Medicare Utilization:** 192,250

2007 Work RVU: **2015 Work RVU:** 1.82
2007 NF PE RVU: **2015 NF PE RVU:** 3.42
2007 Fac PE RVU **201 Fac PE RVU:** 1.09

RUC Recommendation: 1.82 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64491 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Medicare Utilization:** 171,989

2007 Work RVU: **2015 Work RVU:** 1.16
2007 NF PE RVU: **2015 NF PE RVU:** 1.42
2007 Fac PE RVU **201 Fac PE RVU:** 0.48

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Medicare Utilization:** 122,649

2007 Work RVU: **2015 Work RVU:** 1.16
2007 NF PE RVU: **2015 NF PE RVU:** 1.43
2007 Fac PE RVU **201 Fac PE RVU:** 0.50

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Medicare Utilization:** 661,184

2007 Work RVU: **2015 Work RVU:** 1.52
2007 NF PE RVU: **2015 NF PE RVU:** 3.24
2007 Fac PE RVU **201 Fac PE RVU:** 0.97

RUC Recommendation: 1.52 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64494 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Medicare Utilization:** 589,665

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 1.38
2007 Fac PE RVU **201 Fac PE RVU:** 0.41

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Medicare Utilization:** 371,965

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 1.39
2007 Fac PE RVU **201 Fac PE RVU:** 0.43

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64510 **Injection, anesthetic agent; stellate ganglion (cervical sympathetic)** **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2013 Medicare Utilization:** 7,916

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 3.06 **2015 NF PE RVU:** 2.30
2007 Fac PE RVU 0.49 **201 Fac PE RVU:** 0.80

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64520 **Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)** **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2013 Medicare Utilization:** 23,420

2007 Work RVU: 1.35 **2015 Work RVU:** 1.35
2007 NF PE RVU: 4.5 **2015 NF PE RVU:** 3.81
2007 Fac PE RVU 0.54 **201 Fac PE RVU:** 0.86

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve** **Global:** 010 **Issue:** Implantation of Neuroelectrodes - PE Only **Screen:** Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 24 **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Medicare Utilization:** 1,619

2007 Work RVU: 2.33 **2015 Work RVU:** 2.36
2007 NF PE RVU: 2.75 **2015 NF PE RVU:** 3.54
2007 Fac PE RVU 1.73 **201 Fac PE RVU:** 2.05

RUC Recommendation: Survey for April 2015 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)**

Global: 010 **Issue:** Implantation of Neuroelectrodes - PE Only **Screen:** High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 24 **Specialty Developing Recommendation:** ASA, AAPM, ASIPP **First Identified:** February 2008 **2013 Medicare Utilization:** 14,590

2007 Work RVU: 2.29 **2015 Work RVU:** 2.32
2007 NF PE RVU: 2.96 **2015 NF PE RVU:** 3.48
2007 Fac PE RVU 1.23 **201 Fac PE RVU:** 1.88

RUC Recommendation: Survey for April 2015. Develop CPT Assistant article.Review September 2017.

CPT Action (if applicable):

Referred to CPT Asst ☑ **Published in CPT Asst:**

Result:

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed**

Global: 010 **Issue:** Percutaneous Implantation of Neuroelectrodes **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 25 **Specialty Developing Recommendation:** ACOG, AUA, NASS **First Identified:** October 2008 **2013 Medicare Utilization:** 16,295

2007 Work RVU: 7.07 **2015 Work RVU:** 5.44
2007 NF PE RVU: 27.51 **2015 NF PE RVU:** 17.13
2007 Fac PE RVU 3.05 **201 Fac PE RVU:** 2.63

RUC Recommendation: 5.44

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64566 **Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming**

Global: 000 **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2013 Medicare Utilization:** 97,392

2007 Work RVU: **2015 Work RVU:** 0.60
2007 NF PE RVU: **2015 NF PE RVU:** 2.78
2007 Fac PE RVU **201 Fac PE RVU:** 0.21

RUC Recommendation: Maintain

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

64568 **Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator**

Global: 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified:

2013 Medicare Utilization: 782

2007 Work RVU: **2015 Work RVU:** 9.00

2007 NF PE RVU: **2015 NF PE RVU:** NA

2007 Fac PE RVU **201 Fac PE RVU:** 7.32

RUC Recommendation: 11.19

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64573 **Deleted from CPT**

Global: 090 **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 28 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007

2013 Medicare Utilization:

2007 Work RVU: 8.15 **2015 Work RVU:**

2007 NF PE RVU: NA **2015 NF PE RVU:**

2007 Fac PE RVU 5.31 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64581 **Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 17 **Specialty Developing Recommendation:** AUA

First Identified: September 2007

2013 Medicare Utilization: 10,029

2007 Work RVU: 14.15 **2015 Work RVU:** 12.20

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 5.73 **201 Fac PE RVU:** 5.41

RUC Recommendation: 12.20

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64590 **Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:**

First Identified: October 2012

2013 Medicare Utilization: 10,783

2007 Work RVU: 2.42 **2015 Work RVU:** 2.45

2007 NF PE RVU: 6.95 **2015 NF PE RVU:** 4.77

2007 Fac PE RVU 2.33 **201 Fac PE RVU:** 1.86

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2013 Medicare Utilization:**

2007 Work RVU: 3.02 **2015 Work RVU:**
2007 NF PE RVU: 6.82 **2015 NF PE RVU:**
2007 Fac PE RVU 1.34 **201 Fac PE RVU:**

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.99 **2015 Work RVU:**
2007 NF PE RVU: 2.62 **2015 NF PE RVU:**
2007 Fac PE RVU 0.22 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2013 Medicare Utilization:**

2007 Work RVU: 3.82 **2015 Work RVU:**
2007 NF PE RVU: 6.99 **2015 NF PE RVU:**
2007 Fac PE RVU 1.93 **201 Fac PE RVU:**

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2013 Medicare Utilization:**

2007 Work RVU: 1.16 **2015 Work RVU:**
2007 NF PE RVU: 3.98 **2015 NF PE RVU:**
2007 Fac PE RVU 0.26 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64633 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2013 Medicare Utilization:** 44,376

2007 Work RVU: **2015 Work RVU:** 3.84
2007 NF PE RVU: **2015 NF PE RVU:** 7.70
2007 Fac PE RVU **201 Fac PE RVU:** 2.38

RUC Recommendation: RAW review additional data **CPT Action (if applicable):** February 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64634 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2013 Medicare Utilization:** 77,819

2007 Work RVU: **2015 Work RVU:** 1.32
2007 NF PE RVU: **2015 NF PE RVU:** 3.87
2007 Fac PE RVU **201 Fac PE RVU:** 0.54

RUC Recommendation: RAW review additional data **CPT Action (if applicable):** February 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

Status Report: CMS Requests and Relativity Assessment Issues

64635 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2013 Medicare Utilization:** 186,093

2007 Work RVU: **2015 Work RVU:** 3.78
2007 NF PE RVU: **2015 NF PE RVU:** 7.66
2007 Fac PE RVU **201 Fac PE RVU:** 2.36

RUC Recommendation: RAW review additional data **CPT Action (if applicable):** February 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64636 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2013 Medicare Utilization:** 318,761

2007 Work RVU: **2015 Work RVU:** 1.16
2007 NF PE RVU: **2015 NF PE RVU:** 3.59
2007 Fac PE RVU **201 Fac PE RVU:** 0.48

RUC Recommendation: RAW review additional data **CPT Action (if applicable):** February 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64640 **Destruction by neurolytic agent; other peripheral nerve or branch**

Global: 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2013 Medicare Utilization:** 73,912

2007 Work RVU: 2.78 **2015 Work RVU:** 1.23
2007 NF PE RVU: 3.75 **2015 NF PE RVU:** 2.46
2007 Fac PE RVU 1.75 **201 Fac PE RVU:** 1.34

RUC Recommendation: 1.23. Remove 99238. **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64708 **Neuroplasty, major peripheral nerve, arm or leg, open; other than specified** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2013 Medicare Utilization:** 3,387

2007 Work RVU: 6.22 **2015 Work RVU:** 6.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **201 Fac PE RVU:** 6.76

RUC Recommendation: 6.36 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64712 **Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2013 Medicare Utilization:** 713

2007 Work RVU: 7.98 **2015 Work RVU:** 8.07
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.86 **201 Fac PE RVU:** 6.84

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

64831 **Suture of digital nerve, hand or foot; 1 nerve** **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2013 Medicare Utilization:** 1,018

2007 Work RVU: 10.23 **2015 Work RVU:** 9.16
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7 **201 Fac PE RVU:** 8.88

RUC Recommendation: 9.16 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

65105 **Enucleation of eye; with implant, muscles attached to implant** **Global:** 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2013 Medicare Utilization:** 957

2007 Work RVU: 9.70 **2015 Work RVU:** 9.93
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **201 Fac PE RVU:** 13.31

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65222 **Removal of foreign body, external eye; corneal, with slit lamp**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2013 Medicare Utilization:** 30,837

2007 Work RVU: 0.93 **2015 Work RVU:** 0.84
2007 NF PE RVU: 0.87 **2015 NF PE RVU:** 1.00
2007 Fac PE RVU 0.4 **201 Fac PE RVU:** 0.59

RUC Recommendation: 0.93 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 8 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2013 Medicare Utilization:** 942

2007 Work RVU: 14.43 **2015 Work RVU:** 15.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.12 **201 Fac PE RVU:** 14.88

RUC Recommendation: 16.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65780 **Ocular surface reconstruction; amniotic membrane transplantation, multiple layers**

Global: 090 **Issue:** Ocular Reconstruction Transplant **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 22 **Specialty Developing Recommendation:** AAO **First Identified:** October 2008 **2013 Medicare Utilization:** 2,272

2007 Work RVU: 10.43 **2015 Work RVU:** 10.73
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.04 **201 Fac PE RVU:** 13.63

RUC Recommendation: Survey postponed to April 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

Status Report: CMS Requests and Relativity Assessment Issues

65800 **Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO

First Identified: September 2011 **2013 Medicare Utilization:** 48,834

2007 Work RVU: 1.91 **2015 Work RVU:** 1.53
2007 NF PE RVU: 1.71 **2015 NF PE RVU:** 1.73
2007 Fac PE RVU 1.16 **201 Fac PE RVU:** 0.96

RUC Recommendation: 1.53

CPT Action (if applicable): October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65805 **Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2013 Medicare Utilization:**

2007 Work RVU: 1.91 **2015 Work RVU:**
2007 NF PE RVU: 2.07 **2015 NF PE RVU:**
2007 Fac PE RVU 1.16 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

65855 **Trabeculoplasty by laser surgery, 1 or more sessions (defined treatment series)**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2013 Medicare Utilization:** 144,140

2007 Work RVU: 3.90 **2015 Work RVU:** 3.99
2007 NF PE RVU: 4.14 **2015 NF PE RVU:** 5.27
2007 Fac PE RVU 3.01 **201 Fac PE RVU:** 4.13

RUC Recommendation: Survey April 2015

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

66170 **Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2013 Medicare Utilization:** 11,925

2007 Work RVU: 14.57 **2015 Work RVU:** 15.02
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.17 **201 Fac PE RVU:** 17.82

RUC Recommendation: Survey April 2015

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66172 **Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2013 Medicare Utilization:** 5,807

2007 Work RVU: 18.26 **2015 Work RVU:** 18.86
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.21 **201 Fac PE RVU:** 22.58

RUC Recommendation: Survey April 2015 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

66179 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 14.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 15.46

RUC Recommendation: 14.00 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

66180 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2013 Medicare Utilization:** 12,836

2007 Work RVU: 16.02 **2015 Work RVU:** 15.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.62 **201 Fac PE RVU:** 16.07

RUC Recommendation: 15.00 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 13.20
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 14.97

RUC Recommendation: 13.20 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

66184 **Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.58
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 11.91

RUC Recommendation: 9.58 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66185 **Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2013 Medicare Utilization:** 1,964

2007 Work RVU: 9.35 **2015 Work RVU:** 10.58
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.37 **201 Fac PE RVU:** 12.54

RUC Recommendation: 10.58 **CPT Action (if applicable):** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66761 **Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)**

Global: 010 **Issue:** Iridotomy **Screen:** High IWPUT / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2013 Medicare Utilization:** 80,374

2007 Work RVU: 4.87 **2015 Work RVU:** 3.00
2007 NF PE RVU: 5.49 **2015 NF PE RVU:** 5.14
2007 Fac PE RVU 4.32 **201 Fac PE RVU:** 3.45

RUC Recommendation: 3.00

CPT Action (if applicable): February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)**

Global: 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAO

First Identified: October 2010 **2013 Medicare Utilization:** 618,877

2007 Work RVU: 3.32 **2015 Work RVU:** 3.42
2007 NF PE RVU: 4.05 **2015 NF PE RVU:** 5.64
2007 Fac PE RVU 3.6 **201 Fac PE RVU:** 5.12

RUC Recommendation: Maintain

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Medicare Utilization:** 173,055

2007 Work RVU: 14.83 **2015 Work RVU:** 11.08
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **201 Fac PE RVU:** 10.61

RUC Recommendation: 11.08. CPT Assistant article published; Reduce to 2x99213 & 3x99212

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Status Report: CMS Requests and Relativity Assessment Issues

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2013 Medicare Utilization: 1,670,647

2007 Work RVU: 10.36 **2015 Work RVU:** 8.52

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 7.24 **201 Fac PE RVU:** 8.97

RUC Recommendation: 8.52

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2011 **Tab** 30 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2013 Medicare Utilization: 2,586,732

2007 Work RVU: 2.52 **2015 Work RVU:** 1.44

2007 NF PE RVU: 2.59 **2015 NF PE RVU:** 1.34

2007 Fac PE RVU 1.42 **201 Fac PE RVU:** 1.29

RUC Recommendation: 1.44

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2013 Medicare Utilization: 14,928

2007 Work RVU: 13.09 **2015 Work RVU:** 12.13

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 8.96 **201 Fac PE RVU:** 12.48

RUC Recommendation: 12.13

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67038 **Deleted from CPT**

Global: 090 **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Medicare Utilization:**

2007 Work RVU: 23.30 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 15.16 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2007 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

67039 **Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Medicare Utilization:** 2,355

2007 Work RVU: 16.39 **2015 Work RVU:** 13.20
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.94 **201 Fac PE RVU:** 13.15

RUC Recommendation: 13.20

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67040 **Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Medicare Utilization:** 10,968

2007 Work RVU: 19.23 **2015 Work RVU:** 14.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.41 **201 Fac PE RVU:** 13.96

RUC Recommendation: 14.50

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2013 Medicare Utilization:** 15,249

2007 Work RVU: **2015 Work RVU:** 16.33
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 15.11

RUC Recommendation: 16.33 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67042 **Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2013 Medicare Utilization:** 24,555

2007 Work RVU: **2015 Work RVU:** 16.33
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 15.11

RUC Recommendation: 16.33 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2013 Medicare Utilization:** 1,228

2007 Work RVU: **2015 Work RVU:** 17.40
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 15.76

RUC Recommendation: 17.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67107 **Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid**

Global: 090 **Issue:** Scleral Buckling Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Medicare Utilization:** 1,147

2007 Work RVU: 16.35 **2015 Work RVU:** 16.71
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.19 **201 Fac PE RVU:** 16.44

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable): October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

67108 **Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique**

Global: 090 **Issue:** Scleral Buckling Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Medicare Utilization:** 13,972

2007 Work RVU: 22.49 **2015 Work RVU:** 22.89
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 14.22 **201 Fac PE RVU:** 20.84

RUC Recommendation: Survey for April 2015

CPT Action (if applicable): October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Scleral Buckling Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Medicare Utilization:** 2,891

2007 Work RVU: 10.02 **2015 Work RVU:** 10.25
2007 NF PE RVU: 9.99 **2015 NF PE RVU:** 13.56
2007 Fac PE RVU 7.37 **201 Fac PE RVU:** 10.91

RUC Recommendation: Remove 99238

CPT Action (if applicable): October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

67112 **Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**

Global: 090 **Issue:** Scleral Buckling Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: April 2014 **2013 Medicare Utilization:** 516

2007 Work RVU: 18.45 **2015 Work RVU:** 18.75
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.71 **201 Fac PE RVU:** 17.39

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67113 **Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens**

Global: 090 **Issue:** Scleral Buckling Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2013 Medicare Utilization:** 11,668

2007 Work RVU: **2015 Work RVU:** 25.35
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 22.14

RUC Recommendation: Survey postponed to April 2015

CPT Action (if applicable): October 2014 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

67210 **Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2013 Medicare Utilization:** 85,552

2007 Work RVU: 9.35 **2015 Work RVU:** 6.36
2007 NF PE RVU: 6.48 **2015 NF PE RVU:** 7.83
2007 Fac PE RVU 5.84 **201 Fac PE RVU:** 7.33

RUC Recommendation: 6.36

CPT Action (if applicable): **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2013 Medicare Utilization:** 7,441

2007 Work RVU: 14.19 **2015 Work RVU:** 6.36
2007 NF PE RVU: 10.23 **2015 NF PE RVU:** 8.29
2007 Fac PE RVU 8.9 **201 Fac PE RVU:** 7.33

RUC Recommendation: 6.36

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67225 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)**

Global: ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** P **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Medicare Utilization:** 279

2007 Work RVU: 0.47 **2015 Work RVU:** 0.47
2007 NF PE RVU: 0.25 **2015 NF PE RVU:** 0.34
2007 Fac PE RVU 0.2 **201 Fac PE RVU:** 0.29

RUC Recommendation: 0.47

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67228 **Treatment of extensive or progressive retinopathy, 1 or more sessions; (eg, diabetic retinopathy), photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2013 Medicare Utilization:** 79,923

2007 Work RVU: 13.67 **2015 Work RVU:** 13.82
2007 NF PE RVU: 11.2 **2015 NF PE RVU:** 13.46
2007 Fac PE RVU 8.43 **201 Fac PE RVU:** 11.97

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

67255 **Scleral reinforcement (separate procedure); with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2013 Medicare Utilization:** 11,445

2007 Work RVU: 9.97 **2015 Work RVU:** 8.38
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.61 **201 Fac PE RVU:** 10.33

RUC Recommendation: 10.17

CPT Action (if applicable): October 2013

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67914 **Repair of ectropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Medicare Utilization:** 2,116

2007 Work RVU: 3.70 **2015 Work RVU:** 3.75
2007 NF PE RVU: 5.98 **2015 NF PE RVU:** 9.21
2007 Fac PE RVU 2.99 **201 Fac PE RVU:** 5.22

RUC Recommendation: 3.75

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67915 **Repair of ectropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Medicare Utilization:** 470

2007 Work RVU: 3.21 **2015 Work RVU:** 2.03
2007 NF PE RVU: 5.62 **2015 NF PE RVU:** 6.05
2007 Fac PE RVU 2.75 **201 Fac PE RVU:** 3.41

RUC Recommendation: 2.03

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67916 **Repair of ectropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Medicare Utilization:** 2,822

2007 Work RVU: 5.37 **2015 Work RVU:** 5.48
2007 NF PE RVU: 7.68 **2015 NF PE RVU:** 10.78
2007 Fac PE RVU 4.65 **201 Fac PE RVU:** 6.28

RUC Recommendation: 5.48

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67917 **Repair of ectropion; extensive (eg, tarsal strip operations)**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Medicare Utilization:** 28,711

2007 Work RVU: 6.08 **2015 Work RVU:** 5.93
2007 NF PE RVU: 8.08 **2015 NF PE RVU:** 10.61
2007 Fac PE RVU 4.95 **201 Fac PE RVU:** 6.57

RUC Recommendation: 5.93

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67921 **Repair of entropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Medicare Utilization:** 4,580

2007 Work RVU: 3.42 **2015 Work RVU:** 3.47
2007 NF PE RVU: 5.83 **2015 NF PE RVU:** 9.24
2007 Fac PE RVU 2.84 **201 Fac PE RVU:** 5.04

RUC Recommendation: 3.47

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67922 **Repair of entropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Medicare Utilization:** 146

2007 Work RVU: 3.09 **2015 Work RVU:** 2.03
2007 NF PE RVU: 5.55 **2015 NF PE RVU:** 5.97
2007 Fac PE RVU 2.7 **201 Fac PE RVU:** 3.39

RUC Recommendation: 2.03

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67923 **Repair of entropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Medicare Utilization:** 2,182

2007 Work RVU: 5.94 **2015 Work RVU:** 5.48
2007 NF PE RVU: 7.76 **2015 NF PE RVU:** 10.78
2007 Fac PE RVU 4.86 **201 Fac PE RVU:** 6.29

RUC Recommendation: 5.48

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67924 **Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Medicare Utilization:** 12,985

2007 Work RVU: 5.84 **2015 Work RVU:** 5.93
2007 NF PE RVU: 8.48 **2015 NF PE RVU:** 11.40
2007 Fac PE RVU 4.57 **201 Fac PE RVU:** 6.58

RUC Recommendation: 5.93

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

68040 **Expression of conjunctival follicles (eg, for trachoma)**

Global: 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2013 Medicare Utilization:** 4,447

2007 Work RVU: 0.85 **2015 Work RVU:** 0.85
2007 NF PE RVU: 0.69 **2015 NF PE RVU:** 0.86
2007 Fac PE RVU 0.42 **201 Fac PE RVU:** 0.54

RUC Recommendation: Revised parenthetical

CPT Action (if applicable): February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68200 **Subconjunctival injection**

Global: 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2013 Medicare Utilization:** 21,949

2007 Work RVU: 0.49 **2015 Work RVU:** 0.49
2007 NF PE RVU: 0.52 **2015 NF PE RVU:** 0.64
2007 Fac PE RVU 0.32 **201 Fac PE RVU:** 0.46

RUC Recommendation: 0.49

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2013 Medicare Utilization:** 45,170

2007 Work RVU: 0.96 **2015 Work RVU:** 1.00
2007 NF PE RVU: 1.91 **2015 NF PE RVU:** 2.46
2007 Fac PE RVU 1.48 **201 Fac PE RVU:** 1.99

RUC Recommendation: 1.00

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2007 **2013 Medicare Utilization:** 30,843

2007 Work RVU: 2.63 **2015 Work RVU:** 2.15
2007 NF PE RVU: 3.62 **2015 NF PE RVU:** 4.51
2007 Fac PE RVU 2.7 **201 Fac PE RVU:** 3.01

RUC Recommendation: 1.54 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

68811 **Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2013 Medicare Utilization:** 636

2007 Work RVU: 2.39 **2015 Work RVU:** 2.45
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **201 Fac PE RVU:** 3.20

RUC Recommendation: 2.03 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** January 2014 **2013 Medicare Utilization:** 8,319

2007 Work RVU: 3.24 **2015 Work RVU:** 3.30
2007 NF PE RVU: 7.82 **2015 NF PE RVU:** 9.11
2007 Fac PE RVU 2.74 **201 Fac PE RVU:** 3.72

RUC Recommendation: 3.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68816 **Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2013 Medicare Utilization:** 323

2007 Work RVU: **2015 Work RVU:** 3.06
2007 NF PE RVU: **2015 NF PE RVU:** 17.61
2007 Fac PE RVU **201 Fac PE RVU:** 3.79

RUC Recommendation: 2.35 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 28 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2013 Medicare Utilization:** 118,341

2007 Work RVU: 0.81 **2015 Work RVU:** 0.81
2007 NF PE RVU: 1.75 **2015 NF PE RVU:** 1.94
2007 Fac PE RVU 0.4 **201 Fac PE RVU:** 0.49

RUC Recommendation: 0.81 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

69200 **Removal foreign body from external auditory canal; without general anesthesia**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2013 Medicare Utilization:** 43,282

2007 Work RVU: 0.77 **2015 Work RVU:** 0.77
2007 NF PE RVU: 2.29 **2015 NF PE RVU:** 2.63
2007 Fac PE RVU 0.56 **201 Fac PE RVU:** 0.79

RUC Recommendation: 0.77 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

69210 **Removal impacted cerumen requiring instrumentation, unilateral**

Global: 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** AAFP, AAO-HNS **First Identified:** September 2011 **2013 Medicare Utilization:** 1,579,059

2007 Work RVU: 0.61 **2015 Work RVU:** 0.61
2007 NF PE RVU: 0.61 **2015 NF PE RVU:** 0.72
2007 Fac PE RVU 0.21 **201 Fac PE RVU:** 0.26

RUC Recommendation: 0.58. **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69400 **Eustachian tube inflation, transnasal; with catheterization**

Global: 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013 **2013 Medicare Utilization:** 449

2007 Work RVU: 0.83 **2015 Work RVU:**
2007 NF PE RVU: 2.27 **2015 NF PE RVU:**
2007 Fac PE RVU 0.66 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69401 **Eustachian tube inflation, transnasal; without catheterization**

Global: 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2013 **2013 Medicare Utilization:** 10,648

2007 Work RVU: 0.63 **2015 Work RVU:**
2007 NF PE RVU: 1.3 **2015 NF PE RVU:**
2007 Fac PE RVU 0.63 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69405 **Eustachian tube catheterization, transtympanic**

Global: 010 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013 **2013 Medicare Utilization:** 36

2007 Work RVU: 2.65 **2015 Work RVU:**
2007 NF PE RVU: 3.48 **2015 NF PE RVU:**
2007 Fac PE RVU 2.19 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69433 **Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia**

Global: 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 30 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2011 **2013 Medicare Utilization:** 47,319

2007 Work RVU: 1.54 **2015 Work RVU:** 1.57
2007 NF PE RVU: 3.09 **2015 NF PE RVU:** 3.98
2007 Fac PE RVU 1.6 **201 Fac PE RVU:** 2.01

RUC Recommendation: 1.57

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal**

Global: 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2013 Medicare Utilization:** 15,568

2007 Work RVU: 8.61 **2015 Work RVU:** 2.06
2007 NF PE RVU: NA **2015 NF PE RVU:** 3.24
2007 Fac PE RVU 9.31 **201 Fac PE RVU:** 1.27

RUC Recommendation: 2.06

CPT Action (if applicable): Feb 2010 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy**

Global: 090 **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS

First Identified: **2013 Medicare Utilization:**

2007 Work RVU: 13.39 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 11.91 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): Feburary 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** M **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2013 Medicare Utilization:** 2,656

2007 Work RVU: 17.60 **2015 Work RVU:** 17.73
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 14.06 **201 Fac PE RVU:** 14.98

RUC Recommendation: 17.60

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70100 **Radiologic examination, mandible; partial, less than 4 views**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Medicare Utilization:** 21,496

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.59 **2015 NF PE RVU:** 0.72
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70310 **Radiologic examination, teeth; partial examination, less than full mouth**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Medicare Utilization:** 1,217

2007 Work RVU: 0.16 **2015 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2015 NF PE RVU:** 0.90
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70371 **Complex dynamic pharyngeal and speech evaluation by cine or video recording**

Global: XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP

First Identified: October 2012 **2013 Medicare Utilization:** 10,270

2007 Work RVU: 0.84 **2015 Work RVU:** 0.84
2007 NF PE RVU: 2.14 **2015 NF PE RVU:** 1.65
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

70373 **Laryngography, contrast, radiological supervision and interpretation**

Global: XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2013 Medicare Utilization:** 4,445

2007 Work RVU: 0.44 **2015 Work RVU:** 0.44
2007 NF PE RVU: 1.83 **2015 NF PE RVU:** 1.67
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Result: Maintain

70450 **Computed tomography, head or brain; without contrast material**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2013 Medicare Utilization:** 5,355,439

2007 Work RVU: 0.85 **2015 Work RVU:** 0.85
2007 NF PE RVU: 4.91 **2015 NF PE RVU:** 2.35
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.85

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** **2013 Medicare Utilization:** 35,553

2007 Work RVU: 1.13 **2015 Work RVU:** 1.13
2007 NF PE RVU: 6.06 **2015 NF PE RVU:** 3.34
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.13

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2013 Medicare Utilization:** 154,377

2007 Work RVU: 1.27 **2015 Work RVU:** 1.27
2007 NF PE RVU: 7.49 **2015 NF PE RVU:** 4.03
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.27. Survey for work and PE for April 2013 RUC meeting (Identified as part of 70450 family).

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70486 **Computed tomography, maxillofacial area; without contrast material**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2013 Medicare Utilization:** 457,235

2007 Work RVU: 1.14 **2015 Work RVU:** 0.85
2007 NF PE RVU: 5.42 **2015 NF PE RVU:** 3.02
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.85

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

70487 **Computed tomography, maxillofacial area; with contrast material(s)**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2013 Medicare Utilization:** 18,942

2007 Work RVU: 1.30 **2015 Work RVU:** 1.13
2007 NF PE RVU: 6.55 **2015 NF PE RVU:** 3.52
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.17

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

70488 **Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2013 Medicare Utilization:** 3,896

2007 Work RVU: 1.42 **2015 Work RVU:** 1.27
2007 NF PE RVU: 8.11 **2015 NF PE RVU:** 4.40
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2013 Medicare Utilization:** 177,903

2007 Work RVU: 1.75 **2015 Work RVU:** 1.75
2007 NF PE RVU: 12.43 **2015 NF PE RVU:** 6.41
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70498 **Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2013 Medicare Utilization:** 205,137

2007 Work RVU: 1.75 **2015 Work RVU:** 1.75
2007 NF PE RVU: 12.45 **2015 NF PE RVU:** 6.36
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2013 Medicare Utilization:** 910,983

2007 Work RVU: 1.48 **2015 Work RVU:** 1.48
2007 NF PE RVU: 12.2 **2015 NF PE RVU:** 4.88
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.48 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2013 Medicare Utilization:** 24,669

2007 Work RVU: 1.78 **2015 Work RVU:** 1.78
2007 NF PE RVU: 14.22 **2015 NF PE RVU:** 7.07
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.78 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2013 Medicare Utilization:** 958,177

2007 Work RVU: 2.36 **2015 Work RVU:** 2.29
2007 NF PE RVU: 23.53 **2015 NF PE RVU:** 8.15
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 2.36 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71010 **Radiologic examination, chest; single view, frontal**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2013 Medicare Utilization:** 18,283,698

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.5 **2015 NF PE RVU:** 0.43
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.18

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71020 **Radiologic examination, chest, 2 views, frontal and lateral;**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2013 Medicare Utilization:** 12,357,705

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 0.66 **2015 NF PE RVU:** 0.54
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Maintain

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation**

Global: XXX **Issue:** Insertion/Removal of Pacemeaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

71100 **Radiologic examination, ribs, unilateral; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2013 Medicare Utilization:** 242,451

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 0.63 **2015 NF PE RVU:** 0.61
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.22

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71250 **Computed tomography, thorax; without contrast material**

Global: XXX **Issue:** CT Thorax **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2013 Medicare Utilization:** 1,545,198

2007 Work RVU: 1.16 **2015 Work RVU:** 1.02
2007 NF PE RVU: 6.24 **2015 NF PE RVU:** 3.96
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.16

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71275 **Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 27 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2008 **2013 Medicare Utilization:** 797,782

2007 Work RVU: 1.92 **2015 Work RVU:** 1.82
2007 NF PE RVU: 12.53 **2015 NF PE RVU:** 6.47
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.82

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

Result: Decrease

72040 **Radiologic examination, spine, cervical; 2 or 3 views**

Global: XXX **Issue:** X-ray of Cervical Spine **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2010 **2013 Medicare Utilization:** 606,370

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2015 NF PE RVU:** 0.68
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.22

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72050 **Radiologic examination, spine, cervical; 4 or 5 views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: **2013 Medicare Utilization:** 408,789

2007 Work RVU: 0.31 **2015 Work RVU:** 0.31
2007 NF PE RVU: 1 **2015 NF PE RVU:** 0.91
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.31

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72052 **Radiologic examination, spine, cervical; 6 or more views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** **2013 Medicare Utilization:** 108,762

2007 Work RVU: 0.36 **2015 Work RVU:** 0.36
2007 NF PE RVU: 1.27 **2015 NF PE RVU:** 1.17
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.36

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72070 **Radiologic examination, spine; thoracic, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2013 Medicare Utilization:** 322,329

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2015 NF PE RVU:** 0.63
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.22

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72100 **Radiologic examination, spine, lumbosacral; 2 or 3 views**

Global: XXX **Issue:** Radiologic Examination - Spine **Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2013 Medicare Utilization:** 1,861,741

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 0.75 **2015 NF PE RVU:** 0.73
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.22

CPT Action (if applicable): October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views**

Global: XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** October 2009 **2013 Medicare Utilization:** 891,518

2007 Work RVU: 0.31 **2015 Work RVU:** 0.31
2007 NF PE RVU: 1.03 **2015 NF PE RVU:** 1.02
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views**

Global: XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2013 Medicare Utilization:** 88,233

2007 Work RVU: 0.36 **2015 Work RVU:** 0.32
2007 NF PE RVU: 1.36 **2015 NF PE RVU:** 1.39
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.32 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views**

Global: XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2013 Medicare Utilization:** 36,080

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 0.98 **2015 NF PE RVU:** 0.87
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72125 **Computed tomography, cervical spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2008

2013 Medicare Utilization: 875,518

2007 Work RVU: 1.16 **2015 Work RVU:** 1.07

2007 NF PE RVU: 6.24 **2015 NF PE RVU:** 4.03

2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.16

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72126 **Computed tomography, cervical spine; with contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR

First Identified: February 2009

2013 Medicare Utilization: 20,303

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22

2007 NF PE RVU: 7.49 **2015 NF PE RVU:** 5.12

2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

72127 **Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR

First Identified: February 2009

2013 Medicare Utilization: 2,013

2007 Work RVU: 1.27 **2015 Work RVU:** 1.27

2007 NF PE RVU: 9.3 **2015 NF PE RVU:** 6.23

2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

72128 **Computed tomography, thoracic spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2008

2013 Medicare Utilization: 121,616

2007 Work RVU: 1.16 **2015 Work RVU:** 1.00

2007 NF PE RVU: 6.24 **2015 NF PE RVU:** 3.98

2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.16

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72129 **Computed tomography, thoracic spine; with contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR

First Identified: February 2009 **2013 Medicare Utilization:** 14,793

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2015 NF PE RVU:** 5.13
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

72130 **Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR

First Identified: February 2009 **2013 Medicare Utilization:** 1,269

2007 Work RVU: 1.27 **2015 Work RVU:** 1.27
2007 NF PE RVU: 9.29 **2015 NF PE RVU:** 6.24
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

72131 **Computed tomography, lumbar spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: February 2009 **2013 Medicare Utilization:** 374,989

2007 Work RVU: 1.16 **2015 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2015 NF PE RVU:** 3.95
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.16

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72132 **Computed tomography, lumbar spine; with contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR

First Identified: February 2009 **2013 Medicare Utilization:** 55,819

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2015 NF PE RVU:** 5.10
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR

First Identified: February 2009 **2013 Medicare Utilization:** 4,482

2007 Work RVU: 1.27 **2015 Work RVU:** 1.27
2007 NF PE RVU: 9.34 **2015 NF PE RVU:** 6.23
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR

First Identified: September 2011 **2013 Medicare Utilization:** 523,192

2007 Work RVU: 1.60 **2015 Work RVU:** 1.48
2007 NF PE RVU: 11.76 **2015 NF PE RVU:** 4.69
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.48

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2013 Medicare Utilization:** 4,335

2007 Work RVU: 1.92 **2015 Work RVU:** 1.78
2007 NF PE RVU: 14.26 **2015 NF PE RVU:** 7.18
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.78

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72146 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2013 Medicare Utilization:** 185,513

2007 Work RVU: 1.60 **2015 Work RVU:** 1.48
2007 NF PE RVU: 12.69 **2015 NF PE RVU:** 4.69
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.48

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

72147 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2013 Medicare Utilization:** 3,571

2007 Work RVU: 1.92 **2015 Work RVU:** 1.78
2007 NF PE RVU: 13.76 **2015 NF PE RVU:** 7.12
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.78 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2013 Medicare Utilization:** 1,191,228

2007 Work RVU: 1.48 **2015 Work RVU:** 1.48
2007 NF PE RVU: 12.66 **2015 NF PE RVU:** 4.66
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.48 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Medicare Utilization:** 7,017

2007 Work RVU: 1.78 **2015 Work RVU:** 1.78
2007 NF PE RVU: 14.23 **2015 NF PE RVU:** 7.07
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.78 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72156 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Medicare Utilization:** 106,041

2007 Work RVU: 2.57 **2015 Work RVU:** 2.29
2007 NF PE RVU: 23.52 **2015 NF PE RVU:** 8.21
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 2.29

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72157 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Medicare Utilization:** 79,451

2007 Work RVU: 2.57 **2015 Work RVU:** 2.29
2007 NF PE RVU: 23.12 **2015 NF PE RVU:** 8.22
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 2.29

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72158 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Medicare Utilization:** 262,462

2007 Work RVU: 2.36 **2015 Work RVU:** 2.29
2007 NF PE RVU: 23.45 **2015 NF PE RVU:** 8.16
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 2.29

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

72170 **Radiologic examination, pelvis; 1 or 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip/Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: April 2011 **Tab** 25 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2010 **2013 Medicare Utilization:** 1,818,212

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.56 **2015 NF PE RVU:** 0.57
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle 73700 and 72170.

CPT Action (if applicable): February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72191 **Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2008 **2013 Medicare Utilization:** 2,832

2007 Work RVU: 1.81 **2015 Work RVU:** 1.81
2007 NF PE RVU: 12.15 **2015 NF PE RVU:** 6.60
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.81

CPT Action (if applicable): October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72192 **Computed tomography, pelvis; without contrast material**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2013 Medicare Utilization:** 139,599

2007 Work RVU: 1.09 **2015 Work RVU:** 1.09
2007 NF PE RVU: 6.12 **2015 NF PE RVU:** 2.95
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.09

CPT Action (if applicable): October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72193 **Computed tomography, pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2013 Medicare Utilization:** 34,766

2007 Work RVU: 1.16 **2015 Work RVU:** 1.16
2007 NF PE RVU: 7.2 **2015 NF PE RVU:** 5.09
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.16

CPT Action (if applicable): October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - NPRM for 2012 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2013 Medicare Utilization:** 6,285

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 9.06 **2015 NF PE RVU:** 6.00
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.22

CPT Action (if applicable): October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72240 **Myelography, cervical, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2013 Medicare Utilization:** 8,062

2007 Work RVU: 0.91 **2015 Work RVU:** 0.91
2007 NF PE RVU: 4.37 **2015 NF PE RVU:** 1.78
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.91

CPT Action (if applicable): October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72255 **Myelography, thoracic, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2013 **2013 Medicare Utilization:** 837

2007 Work RVU: 0.91 **2015 Work RVU:** 0.91
2007 NF PE RVU: 3.98 **2015 NF PE RVU:** 1.77
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.91 **CPT Action (if applicable):** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72265 **Myelography, lumbosacral, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Medicare Utilization:** 34,927

2007 Work RVU: 0.83 **2015 Work RVU:** 0.83
2007 NF PE RVU: 3.83 **2015 NF PE RVU:** 1.69
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.83 **CPT Action (if applicable):** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Medicare Utilization:** 9,527

2007 Work RVU: 1.33 **2015 Work RVU:** 1.33
2007 NF PE RVU: 5.81 **2015 NF PE RVU:** 2.16
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.33 **CPT Action (if applicable):** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS **First Identified:** October 2009 **2013 Medicare Utilization:** 90,575

2007 Work RVU: 0.76 **2015 Work RVU:** 0.76
2007 NF PE RVU: 2.15 **2015 NF PE RVU:** 2.43
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.76, CPT Assistant article published.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A

Result: Maintain

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Medicare Utilization:** 61,806

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Medicare Utilization:** 913

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

73030 **Radiologic examination, shoulder; complete, minimum of 2 views**

Global: XXX **Issue:** X-Ray Exam of Shoulder **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 26 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2010 **2013 Medicare Utilization:** 2,365,266

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.61 **2015 NF PE RVU:** 0.60
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.18

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73060 **Radiologic examination; humerus, minimum of 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2013 **2013 Medicare Utilization:** 350,733

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2015 NF PE RVU:** 0.55
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.16

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73080 **Radiologic examination, elbow; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 39 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2009 **2013 Medicare Utilization:** 329,281

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.66 **2015 NF PE RVU:** 0.68
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.17

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73110 **Radiologic examination, wrist; complete, minimum of 3 views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Medicare Utilization:** 943,560

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.63 **2015 NF PE RVU:** 0.79
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73130 **Radiologic examination, hand; minimum of 3 views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Medicare Utilization:** 1,026,970

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2015 NF PE RVU:** 0.66
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73200 **Computed tomography, upper extremity; without contrast material**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 23 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2013 Medicare Utilization:** 81,227

2007 Work RVU: 1.09 **2015 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2015 NF PE RVU:** 3.95
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.09

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73201 **Computed tomography, upper extremity; with contrast material(s)**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR

First Identified: February 2009 **2013 Medicare Utilization:** 13,320

2007 Work RVU: 1.16 **2015 Work RVU:** 1.16
2007 NF PE RVU: 6.58 **2015 NF PE RVU:** 5.00
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

73202 **Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR

First Identified: February 2009 **2013 Medicare Utilization:** 1,817

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 8.38 **2015 NF PE RVU:** 6.49
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

73206 **Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** May 2013 **2013 Medicare Utilization:** 3,425

2007 Work RVU: 1.81 **2015 Work RVU:** 1.81
2007 NF PE RVU: 11.22 **2015 NF PE RVU:** 7.22
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

73218 **Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Medicare Utilization:** 29,352

2007 Work RVU: 1.35 **2015 Work RVU:** 1.35
2007 NF PE RVU: 12.24 **2015 NF PE RVU:** 8.77
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant published.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2011

Result: Maintain

73221 **Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Medicare Utilization:** 418,324

2007 Work RVU: 1.35 **2015 Work RVU:** 1.35
2007 NF PE RVU: 11.98 **2015 NF PE RVU:** 5.17
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.35

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73500 **Radiologic examination, hip, unilateral; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 15 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2011 **2013 Medicare Utilization:** 512,649

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.52 **2015 NF PE RVU:** 0.54
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

7350X1

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 15 **Specialty Developing Recommendation:**

First Identified: October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): October 2014 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

7350X2

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 15 **Specialty Developing Recommendation:**

First Identified: October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): October 2014 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

7350X3

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 15 **Specialty Developing Recommendation:**

First Identified: October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 15 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS

First Identified: October 2008 **2013 Medicare Utilization:** 2,480,857

2007 Work RVU: 0.21 **2015 Work RVU:** 0.21
2007 NF PE RVU: 0.67 **2015 NF PE RVU:** 0.80
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73520 **Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 15 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2013 **2013 Medicare Utilization:** 369,948

2007 Work RVU: 0.26 **2015 Work RVU:** 0.26
2007 NF PE RVU: 0.76 **2015 NF PE RVU:** 0.81
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

7352X1

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 15 **Specialty Developing Recommendation:**

First Identified: October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): October 2014 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

7352X2

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 15 **Specialty Developing Recommendation:**

First Identified: October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): October 2014 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

7352X3

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 15 **Specialty Developing Recommendation:**

First Identified: October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): October 2014 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73540 **Radiologic examination, pelvis and hips, infant or child, minimum of 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 15 **Specialty Developing Recommendation:**

First Identified: October 2014 **2013 Medicare Utilization:** 263

2007 Work RVU: 0.20 **2015 Work RVU:** 0.20
2007 NF PE RVU: 0.68 **2015 NF PE RVU:** 0.87
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR

First Identified: October 2009 **2013 Medicare Utilization:**

2007 Work RVU: 0.59 **2015 Work RVU:**
2007 NF PE RVU: 1.98 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

73550 **Radiologic examination, femur, 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 15 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2011 **2013 Medicare Utilization:** 557,587

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2015 NF PE RVU:** 0.56
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

7355X1

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 15 **Specialty Developing Recommendation:**

First Identified: October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

7355X2

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 15 **Specialty Developing Recommendation:**

First Identified: October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

73560 **Radiologic examination, knee; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2013 Medicare Utilization:** 2,062,404

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.58 **2015 NF PE RVU:** 0.62
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.16

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73562 **Radiologic examination, knee; 3 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2013 Medicare Utilization:** 2,060,094

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.65 **2015 NF PE RVU:** 0.75
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.18

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73564 **Radiologic examination, knee; complete, 4 or more views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2013 Medicare Utilization:** 1,203,338

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 0.73 **2015 NF PE RVU:** 0.86
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.22

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73565 **Radiologic examination, knee; both knees, standing, anteroposterior**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2013 **2013 Medicare Utilization:** 331,430

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.57 **2015 NF PE RVU:** 0.72
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.16

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73580 **Radiologic examination, knee, arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAOS

First Identified: February 2008 **2013 Medicare Utilization:** 31,954

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 2.67 **2015 NF PE RVU:** 2.64
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant Article published June 2012.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Result: Maintain

73590 **Radiologic examination; tibia and fibula, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2013 **2013 Medicare Utilization:** 482,720

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.57 **2015 NF PE RVU:** 0.55
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.16

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73600 **Radiologic examination, ankle; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA **First Identified:** April 2013 **2013 Medicare Utilization:** 255,996

2007 Work RVU: 0.16 **2015 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2015 NF PE RVU:** 0.58
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.16

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73610 **Radiologic examination, ankle; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2013 Medicare Utilization:** 1,202,321

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2015 NF PE RVU:** 0.68
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.17

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73620 **Radiologic examination, foot; 2 views**

Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2013 Medicare Utilization:** 763,517

2007 Work RVU: 0.16 **2015 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2015 NF PE RVU:** 0.54
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.16

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73630 **Radiologic examination, foot; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2013 Medicare Utilization:** 2,402,353

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2015 NF PE RVU:** 0.62
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73700 **Computed tomography, lower extremity; without contrast material**

Global: XXX **Issue:** CT Lower Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Medicare Utilization:** 217,088

2007 Work RVU: 1.09 **2015 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2015 NF PE RVU:** 3.95
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.09 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73701 **Computed tomography, lower extremity; with contrast material(s)**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Medicare Utilization:** 32,898

2007 Work RVU: 1.16 **2015 Work RVU:** 1.16
2007 NF PE RVU: 6.6 **2015 NF PE RVU:** 5.09
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Medicare Utilization:** 4,310

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 8.4 **2015 NF PE RVU:** 6.37
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73706 **Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2013 Medicare Utilization:** 13,547

2007 Work RVU: 1.90 **2015 Work RVU:** 1.90
2007 NF PE RVU: 11.61 **2015 NF PE RVU:** 7.83
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Survey for October 2013. Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

73721 **Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material**

Global: XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2013 Medicare Utilization:** 615,081

2007 Work RVU: 1.35 **2015 Work RVU:** 1.35
2007 NF PE RVU: 12.05 **2015 NF PE RVU:** 5.16
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.35 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

74000 **Radiologic examination, abdomen; single anteroposterior view**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Medicare Utilization:** 2,050,393

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.55 **2015 NF PE RVU:** 0.46
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74150 **Computed tomography, abdomen; without contrast material**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2013 Medicare Utilization:** 104,956

2007 Work RVU: 1.19 **2015 Work RVU:** 1.19
2007 NF PE RVU: 5.97 **2015 NF PE RVU:** 2.94
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Review PE. 0.35

CPT Action (if applicable): October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74160 **Computed tomography, abdomen; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - NPRM for 2012 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2013 Medicare Utilization:** 142,374

2007 Work RVU: 1.27 **2015 Work RVU:** 1.27
2007 NF PE RVU: 7.53 **2015 NF PE RVU:** 5.12
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.42

CPT Action (if applicable): October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74170 **Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 34 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2013 Medicare Utilization:** 114,873

2007 Work RVU: 1.40 **2015 Work RVU:** 1.40
2007 NF PE RVU: 9.6 **2015 NF PE RVU:** 5.87
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.40

CPT Action (if applicable): October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74174 **Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Medicare Utilization:** 147,223

2007 Work RVU: **2015 Work RVU:** 2.20
2007 NF PE RVU: **2015 NF PE RVU:** 8.54
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 2.20 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2013 Medicare Utilization:** 52,444

2007 Work RVU: 1.90 **2015 Work RVU:** 1.82
2007 NF PE RVU: 12.39 **2015 NF PE RVU:** 6.66
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.82 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74176 **Computed tomography, abdomen and pelvis; without contrast material**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** **2013 Medicare Utilization:** 2,033,682

2007 Work RVU: **2015 Work RVU:** 1.74
2007 NF PE RVU: **2015 NF PE RVU:** 3.77
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.74 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74177 **Computed tomography, abdomen and pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** CMS Fastest Growing / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR

First Identified:

2013 Medicare Utilization: 2,373,310

2007 Work RVU: **2015 Work RVU:** 1.82

2007 NF PE RVU: **2015 NF PE RVU:** 6.80

2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.82

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74178 **Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR

First Identified:

2013 Medicare Utilization: 592,988

2007 Work RVU: **2015 Work RVU:** 2.01

2007 NF PE RVU: **2015 NF PE RVU:** 7.76

2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 2.01

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74230 **Swallowing function, with cineradiography/videoradiography**

Global: XXX **Issue:** Swallowing Function **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 28 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2013

2013 Medicare Utilization: 384,699

2007 Work RVU: 0.53 **2015 Work RVU:** 0.53

2007 NF PE RVU: 1.57 **2015 NF PE RVU:** 3.03

2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.53

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74247 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2013 Medicare Utilization:** 26,590

2007 Work RVU: 0.69 **2015 Work RVU:** 0.69
2007 NF PE RVU: 2.18 **2015 NF PE RVU:** 3.21
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74280 **Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2013 Medicare Utilization:** 19,386

2007 Work RVU: 0.99 **2015 Work RVU:** 0.99
2007 NF PE RVU: 3.07 **2015 NF PE RVU:** 4.89
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.99 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74305 **Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 17,494

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74320 **Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 5,859

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 3 **2015 NF PE RVU:** 2.03
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

74327 **Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2015 **2013 Medicare Utilization:** 398

2007 Work RVU: 0.70 **2015 Work RVU:** 0.70
2007 NF PE RVU: 2.19 **2015 NF PE RVU:** 3.02
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

74400 **Urography (pyelography), intravenous, with or without KUB, with or without tomography**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2013 Medicare Utilization:** 17,317

2007 Work RVU: 0.49 **2015 Work RVU:** 0.49
2007 NF PE RVU: 2 **2015 NF PE RVU:** 2.54
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.49 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74425 **Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 39,092

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

74475 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 22,847

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 3.69 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

74480 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 13,742

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 3.69 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75574 **Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** CT Angiography **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, ACC **First Identified:** May 2013 **2013 Medicare Utilization:** 39,949

2007 Work RVU: **2015 Work RVU:** 2.40
2007 NF PE RVU: **2015 NF PE RVU:** 9.21
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013.

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

75635 **Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2013 Medicare Utilization:** 90,026

2007 Work RVU: 2.40 **2015 Work RVU:** 2.40
2007 NF PE RVU: 15.56 **2015 NF PE RVU:** 8.08
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: CMS added to survey for October 2013. Remove from Screen

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

75650 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.49 **2015 Work RVU:**
2007 NF PE RVU: 10.66 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75671 **Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.66 **2015 Work RVU:**
2007 NF PE RVU: 11.08 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75680 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.66 **2015 Work RVU:**
2007 NF PE RVU: 10.96 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75722 **Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.14 **2015 Work RVU:**
2007 NF PE RVU: 10.7 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75724 **Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.49 **2015 Work RVU:**
2007 NF PE RVU: 11.15 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75790 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 1.84 **2015 Work RVU:**
2007 NF PE RVU: 2.2 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75791 **Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** **2013 Medicare Utilization:** 18,756

2007 Work RVU: **2015 Work RVU:** 1.71
2007 NF PE RVU: **2015 NF PE RVU:** 7.16
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.71 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75885 **Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2013 Medicare Utilization:** 395

2007 Work RVU: 1.44 **2015 Work RVU:** 1.44
2007 NF PE RVU: 10.54 **2015 NF PE RVU:** 2.90
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2013 Medicare Utilization:** 406

2007 Work RVU: 1.44 **2015 Work RVU:** 1.44
2007 NF PE RVU: 10.6 **2015 NF PE RVU:** 2.96
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 16 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 42,184

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2016 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75896 **Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**

Global: XXX **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 07 **Specialty Developing Recommendation:**

First Identified: February 2010 **2013 Medicare Utilization:** 4,493

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Review utilization data Oct 2016. Carrier Price.

CPT Action (if applicable): February 2014 February 2015

Result: Carrier Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 07 **Specialty Developing Recommendation:**

First Identified: February 2010 **2013 Medicare Utilization:** 36,683

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Review utilization data Oct 2016. Carrier Price.

CPT Action (if applicable): February 2014 February 2015

Result: Carrier Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

75940 **Percutaneous placement of IVC filter, radiological supervision and interpretation**

Global: XXX **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75945 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel**

Global: XXX **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2013 Medicare Utilization:** 9,141

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75946 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2013 Medicare Utilization:** 7,234

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75960 **Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Medicare Utilization:** 55,319

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75961 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 4.24 **2015 Work RVU:**
2007 NF PE RVU: 9.99 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: XXX **Issue:** Transluminal Balloon Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Medicare Utilization:** 53,882

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 12.8 **2015 NF PE RVU:** 3.30
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT for bundling **CPT Action (if applicable):** CPT 2018 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

75964 **Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Medicare Utilization:** 2,472

2007 Work RVU: 0.36 **2015 Work RVU:** 0.36
2007 NF PE RVU: 6.96 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU 6.96 **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75966 **Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation**

Global: XXX **Issue:** Transluminal Balloon Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2015 **2013 Medicare Utilization:** 6,571

2007 Work RVU: 1.31 **2015 Work RVU:** 1.31
2007 NF PE RVU: 13.18 **2015 NF PE RVU:** 3.37
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT for bundling.

CPT Action (if applicable): CPT 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

75968 **Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transluminal Balloon Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2015 **2013 Medicare Utilization:** 1,331

2007 Work RVU: 0.36 **2015 Work RVU:** 0.36
2007 NF PE RVU: 6.99 **2015 NF PE RVU:** 2.10
2007 Fac PE RVU 6.99 **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT for bundling.

CPT Action (if applicable): CPT 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

75978 **Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**

Global: XXX **Issue:** Transluminal Balloon Angioplasty **Screen:** CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 43 **Specialty Developing Recommendation:** ACR, RPA, SCAI, SIR, SVS

First Identified: April 2013 **2013 Medicare Utilization:** 293,880

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 12.72 **2015 NF PE RVU:** 3.26
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): CPT 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

Status Report: CMS Requests and Relativity Assessment Issues

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 1,952

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 5,204

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Medicare Utilization:** 59,645

2007 Work RVU: 0.72 **2015 Work RVU:** 0.72
2007 NF PE RVU: 2.18 **2015 NF PE RVU:** 2.22
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75992 **Deleted from CPT** | **Global:** XXX | **Issue:** Transluminal Arthrectomy | **Screen:** High Volume Growth1 | **Complete?** Yes

Most Recent RUC Meeting: April 2008 | **Tab** 57 | **Specialty Developing Recommendation:** SIR, ACR, SVS | **First Identified:** February 2008 | **2013 Medicare Utilization:** | **2007 Work RVU:** 0.00 | **2015 Work RVU:**
2007 NF PE RVU: NA | **2015 NF PE RVU:**
2007 Fac PE RVU NA | **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT | **CPT Action (if applicable):** February 2010 | **Result:** Deleted from CPT
Referred to CPT Asst ☐ | **Published in CPT Asst:**

75993 **Deleted from CPT** | **Global:** ZZZ | **Issue:** Transluminal Arthrectomy | **Screen:** High Volume Growth1 | **Complete?** Yes

Most Recent RUC Meeting: April 2008 | **Tab** 57 | **Specialty Developing Recommendation:** SIR, ACR, SVS | **First Identified:** February 2008 | **2013 Medicare Utilization:** | **2007 Work RVU:** 0.00 | **2015 Work RVU:**
2007 NF PE RVU: 0 | **2015 NF PE RVU:**
2007 Fac PE RVU 0 | **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT | **CPT Action (if applicable):** February 2010 | **Result:** Deleted from CPT
Referred to CPT Asst ☐ | **Published in CPT Asst:**

75994 **Revised to Category III** | **Global:** XXX | **Issue:** Transluminal Arthrectomy | **Screen:** High Volume Growth1 | **Complete?** Yes

Most Recent RUC Meeting: April 2008 | **Tab** 57 | **Specialty Developing Recommendation:** SIR, ACR, SVS | **First Identified:** April 2008 | **2013 Medicare Utilization:** | **2007 Work RVU:** 0.00 | **2015 Work RVU:**
2007 NF PE RVU: 0 | **2015 NF PE RVU:**
2007 Fac PE RVU 0 | **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT | **CPT Action (if applicable):** February 2010 | **Result:** Deleted from CPT
Referred to CPT Asst ☐ | **Published in CPT Asst:**

75995 **Revised to Category III** | **Global:** XXX | **Issue:** Transluminal Arthrectomy | **Screen:** High Volume Growth1 | **Complete?** Yes

Most Recent RUC Meeting: April 2008 | **Tab** 57 | **Specialty Developing Recommendation:** SIR, ACR, SVS | **First Identified:** April 2008 | **2013 Medicare Utilization:** | **2007 Work RVU:** 0.00 | **2015 Work RVU:**
2007 NF PE RVU: 0 | **2015 NF PE RVU:**
2007 Fac PE RVU 0 | **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT | **CPT Action (if applicable):** February 2010 | **Result:** Deleted from CPT
Referred to CPT Asst ☐ | **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75996 **Revised to Category III** **Global:** ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76000 **Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)** **Global:** XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Medicare Utilization:** 136,579

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 1.68 **2015 NF PE RVU:** 1.12
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76100 **Radiologic examination, single plane body section (eg, tomography), other than with urography** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2013 Medicare Utilization:** 5,371

2007 Work RVU: 0.58 **2015 Work RVU:** 0.58
2007 NF PE RVU: 1.93 **2015 NF PE RVU:** 1.96
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

76101 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2013 Medicare Utilization:** 344

2007 Work RVU: 0.58 **2015 Work RVU:** 0.58
2007 NF PE RVU: 2.5 **2015 NF PE RVU:** 3.06
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76102 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2013 Medicare Utilization:** 951

2007 Work RVU: 0.58 **2015 Work RVU:** 0.58
2007 NF PE RVU: 3.35 **2015 NF PE RVU:** 4.22
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy**

Global: XXX **Issue:** Ophthalmic Ultrasound **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** February 2008 **2013 Medicare Utilization:** 21,455

2007 Work RVU: 0.66 **2015 Work RVU:** 0.66
2007 NF PE RVU: 1.75 **2015 NF PE RVU:** 2.03
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.66 and CPT Assistant article published **CPT Action (if applicable):** May 2008 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2013

76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation**

Global: XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2013 Medicare Utilization:** 732,876

2007 Work RVU: 0.56 **2015 Work RVU:** 0.56
2007 NF PE RVU: 1.83 **2015 NF PE RVU:** 2.69
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76641 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.73
2007 NF PE RVU: **2015 NF PE RVU:** 2.27
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.73 **CPT Action (if applicable):** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76642 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.68
2007 NF PE RVU: **2015 NF PE RVU:** 1.78
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.68

CPT Action (if applicable): October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2013 Medicare Utilization:** 895,262

2007 Work RVU: 0.54 **2015 Work RVU:**
2007 NF PE RVU: 1.41 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76700 **Ultrasound, abdominal, real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2013 Medicare Utilization:** 1,033,755

2007 Work RVU: 0.81 **2015 Work RVU:** 0.81
2007 NF PE RVU: 2.39 **2015 NF PE RVU:** 2.61
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.81

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76705 **Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR, ASBS

First Identified: April 2011 **2013 Medicare Utilization:** 987,150

2007 Work RVU: 0.59 **2015 Work RVU:** 0.59
2007 NF PE RVU: 1.77 **2015 NF PE RVU:** 1.96
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.59

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76770 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2013 Medicare Utilization:** 1,198,713

2007 Work RVU: 0.74 **2015 Work RVU:** 0.74
2007 NF PE RVU: 2.36 **2015 NF PE RVU:** 2.41
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.74

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2013 Medicare Utilization:** 727,703

2007 Work RVU: 0.58 **2015 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2015 NF PE RVU:** 1.01
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.58

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76819 **Fetal biophysical profile; without non-stress testing**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Medicare Utilization:** 12,784

2007 Work RVU: 0.77 **2015 Work RVU:** 0.77
2007 NF PE RVU: 1.81 **2015 NF PE RVU:** 1.68
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA

First Identified: September 2011 **2013 Medicare Utilization:** 470,972

2007 Work RVU: 0.69 **2015 Work RVU:** 0.69
2007 NF PE RVU: 1.97 **2015 NF PE RVU:** 2.71
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.69

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2013 Medicare Utilization:** 524,510

2007 Work RVU: 0.69 **2015 Work RVU:** 0.69
2007 NF PE RVU: 1.99 **2015 NF PE RVU:** 2.37
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76857 **Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2013 Medicare Utilization:** 250,852

2007 Work RVU: 0.38 **2015 Work RVU:** 0.50
2007 NF PE RVU: 1.99 **2015 NF PE RVU:** 0.81
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76872 **Ultrasound, transrectal;**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2013 Medicare Utilization:** 214,978

2007 Work RVU: 0.69 **2015 Work RVU:** 0.69
2007 NF PE RVU: 2.52 **2015 NF PE RVU:** 1.92
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76880 **Deleted from CPT**

Global: XXX **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 26 **Specialty Developing Recommendation:** APMA, ACR **First Identified:** October 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.59 **2015 Work RVU:**
2007 NF PE RVU: 1.97 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76881 **Ultrasound, extremity, nonvascular, real-time with image documentation; complete**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** AAPMR, APMA, ACR **First Identified:** April 2010 **2013 Medicare Utilization:** 148,060

2007 Work RVU: **2015 Work RVU:** 0.63
2007 NF PE RVU: **2015 NF PE RVU:** 2.62
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: Develop CPT Assistant article, 0.72 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples

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76882 **Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** AAPMR, APMA, ACR **First Identified:** April 2010 **2013 Medicare Utilization:** 214,577

2007 Work RVU: **2015 Work RVU:** 0.49
2007 NF PE RVU: **2015 NF PE RVU:** 0.49
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: Develop CPT Assistant article, 0.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples

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76930 **Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2013 Medicare Utilization:** 2,039

2007 Work RVU: 0.67 **2015 Work RVU:** 0.00
2007 NF PE RVU: 1.85 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.67 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76932 **Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: July 2013 **2013 Medicare Utilization:** 1,085

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.67

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76936 **Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)**

Global: XXX **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: July 2013 **2013 Medicare Utilization:** 1,496

2007 Work RVU: 1.99 **2015 Work RVU:** 1.99
2007 NF PE RVU: 6.67 **2015 NF PE RVU:** 5.42
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Maintain

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: July 2013 **2013 Medicare Utilization:** 1,325

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 2.00

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance for Needle Placement **Screen:** CMS-Other - Utilization over 500,000 / CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 35 **Specialty Developing Recommendation:** AACE, AAOS, AAPMR, ACR, ACRh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES

First Identified: April 2011 **2013 Medicare Utilization:** 1,937,281

2007 Work RVU: 0.67 **2015 Work RVU:** 0.67
2007 NF PE RVU: 3.43 **2015 NF PE RVU:** 0.98
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Review utilization at the RAW. 0.67

CPT Action (if applicable): October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76948 **Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation**

Global: XXX **Issue:** Echo Guidance for Ova Aspiration **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 25 **Specialty Developing Recommendation:** ACOG

First Identified: July 2013 **2013 Medicare Utilization:** 15

2007 Work RVU: 0.38 **2015 Work RVU:** 0.38
2007 NF PE RVU: 1.34 **2015 NF PE RVU:** 0.51
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.85

CPT Action (if applicable): **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76950 **Ultrasonic guidance for placement of radiation therapy fields**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: February 2010 **2013 Medicare Utilization:** 27,059

2007 Work RVU: 0.58 **2015 Work RVU:**
2007 NF PE RVU: 1.43 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76965 **Ultrasonic guidance for interstitial radioelement application**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** NO INTERESET

First Identified: July 2013 **2013 Medicare Utilization:** 7,798

2007 Work RVU: 1.34 **2015 Work RVU:** 1.34
2007 NF PE RVU: 4.8 **2015 NF PE RVU:** 1.14
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Maintain

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76970 **Ultrasound study follow-up (specify)**

Global: XXX **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACS, ACR, AACE

First Identified: February 2008 **2013 Medicare Utilization:** 20,274

2007 Work RVU: 0.40 **2015 Work RVU:** 0.40
2007 NF PE RVU: 1.41 **2015 NF PE RVU:** 2.17
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

77001 **Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request Final Rule for 2013 / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: April 2013 **Tab** 27 **Specialty Developing Recommendation:** AANEM, AAPM, AAPM&R, ACR, ASA, ISIS, NASS

First Identified: January 2012 **2013 Medicare Utilization:** 447,931

2007 Work RVU: 0.38 **2015 Work RVU:** 0.38
2007 NF PE RVU: 1.73 **2015 NF PE RVU:** 1.56
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. 0.38

CPT Action (if applicable): CPT 2017 cycle

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)**

Global: XXX **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request Final Rule for 2013 / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: April 2013 **Tab** 27 **Specialty Developing Recommendation:** AANEM, AAPM, AAPM&R, ACR, ASA, ISIS, NASS **First Identified:** January 2012 **2013 Medicare Utilization:** 340,410

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 1.4 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT 0.54 **CPT Action (if applicable):** CPT 2017 cycle **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)**

Global: XXX **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request Final Rule for 2013 / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: April 2013 **Tab** 27 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, NASS, SIR **First Identified:** October 2010 **2013 Medicare Utilization:** 1,048,784

2007 Work RVU: 0.60 **2015 Work RVU:** 0.60
2007 NF PE RVU: 1.28 **2015 NF PE RVU:** 1.76
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT 0.60 **CPT Action (if applicable):** CPT 2017 cycle **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77011 **Computed tomography guidance for stereotactic localization**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 15 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** **2013 Medicare Utilization:** 4,737

2007 Work RVU: 1.21 **2015 Work RVU:** 1.21
2007 NF PE RVU: 11.38 **2015 NF PE RVU:** 4.90
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77014 **Computed tomography guidance for placement of radiation therapy fields**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2013 Medicare Utilization:** 1,290,848

2007 Work RVU: 0.85 **2015 Work RVU:** 0.85
2007 NF PE RVU: 3.53 **2015 NF PE RVU:** 2.38
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Review Sept 2017.Maintain current value

CPT Action (if applicable): October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Medicare Utilization:** 65,970

2007 Work RVU: 1.59 **2015 Work RVU:**
2007 NF PE RVU: 6.19 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Medicare Utilization:** 34,557

2007 Work RVU: 0.56 **2015 Work RVU:**
2007 NF PE RVU: 1.26 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Medicare Utilization:** 5,453,111

2007 Work RVU: 0.06 **2015 Work RVU:** 0.06
2007 NF PE RVU: 0.38 **2015 NF PE RVU:** 0.17
2007 Fac PE RVU 0.38 **201 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77055 **Mammography; unilateral**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Medicare Utilization:** 47,785

2007 Work RVU: 0.70 **2015 Work RVU:** 0.70
2007 NF PE RVU: 1.34 **2015 NF PE RVU:** 1.77
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT and review for work and PE April 2015.

CPT Action (if applicable): February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

77056 **Mammography; bilateral**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Medicare Utilization:** 38,051

2007 Work RVU: 0.87 **2015 Work RVU:** 0.87
2007 NF PE RVU: 1.68 **2015 NF PE RVU:** 2.31
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT and review for work and PE April 2015.

CPT Action (if applicable): February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

77057 **Screening mammography, bilateral (2-view film study of each breast)**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Medicare Utilization:** 305,155

2007 Work RVU: 0.70 **2015 Work RVU:** 0.70
2007 NF PE RVU: 1.43 **2015 NF PE RVU:** 1.56
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT and review for work and PE April 2015.

CPT Action (if applicable): February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

77079 **Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP **First Identified:** October 2009 **2013 Medicare Utilization:**

2007 Work RVU: 0.22 **2015 Work RVU:**
2007 NF PE RVU: 2.45 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - NPRM for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2013 Medicare Utilization:** 2,326,207

2007 Work RVU: 0.20 **2015 Work RVU:** 0.20
2007 NF PE RVU: 2.59 **2015 NF PE RVU:** 0.94
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.20

CPT Action (if applicable): May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - NPRM for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2013 Medicare Utilization:** 144,086

2007 Work RVU: 0.17 **2015 Work RVU:**
2007 NF PE RVU: 0.71 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: XXX **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, ACP **First Identified:** October 2009 **2013 Medicare Utilization:**

2007 Work RVU: 0.20 **2015 Work RVU:**
2007 NF PE RVU: 0.71 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77085 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.30
2007 NF PE RVU: **2015 NF PE RVU:** 1.26
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.30 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77086 **Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)** **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.17
2007 NF PE RVU: **2015 NF PE RVU:** 0.81
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77280 **Therapeutic radiology simulation-aided field setting; simple** **Global:** XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2011 **2013 Medicare Utilization:** 289,582

2007 Work RVU: 0.70 **2015 Work RVU:** 0.70
2007 NF PE RVU: 3.89 **2015 NF PE RVU:** 6.85
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77285 **Therapeutic radiology simulation-aided field setting; intermediate** **Global:** XXX **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2013 Medicare Utilization:** 3,783

2007 Work RVU: 1.05 **2015 Work RVU:** 1.05
2007 NF PE RVU: 6.45 **2015 NF PE RVU:** 10.86
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.05 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77290 **Therapeutic radiology simulation-aided field setting; complex**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2013 Medicare Utilization:** 329,472

2007 Work RVU: 1.56 **2015 Work RVU:** 1.56
2007 NF PE RVU: 8.63 **2015 NF PE RVU:** 12.66
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.56

CPT Action (if applicable): October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77293 **Respiratory motion management simulation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** 10.87
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 2.00

CPT Action (if applicable): October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77295 **3-dimensional radiotherapy plan, including dose-volume histograms**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2011 **2013 Medicare Utilization:** 141,681

2007 Work RVU: 4.56 **2015 Work RVU:** 4.29
2007 NF PE RVU: 23.92 **2015 NF PE RVU:** 9.13
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 4.29

CPT Action (if applicable): October 2012, October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77300 **Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** MPC List / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2013 Medicare Utilization:** 1,724,939

2007 Work RVU: 0.62 **2015 Work RVU:** 0.62
2007 NF PE RVU: 1.45 **2015 NF PE RVU:** 1.11
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.62 **CPT Action (if applicable):** February 2014, October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77301 **Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications**

Global: XXX **Issue:** IMRT - PE Only **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2013 Medicare Utilization:** 98,457

2007 Work RVU: 7.99 **2015 Work RVU:** 7.99
2007 NF PE RVU: 37.25 **2015 NF PE RVU:** 45.66
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 7.99. CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009

77305 **Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2013 Medicare Utilization:** 4,565

2007 Work RVU: 0.70 **2015 Work RVU:**
2007 NF PE RVU: 1.79 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77306 **Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.40
2007 NF PE RVU: **2015 NF PE RVU:** 2.60
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77307 **Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.90
2007 NF PE RVU: **2015 NF PE RVU:** 4.90
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 2.90 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77310 **Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2013 Medicare Utilization:** 1,616

2007 Work RVU: 1.05 **2015 Work RVU:**
2007 NF PE RVU: 2.32 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77315 **Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2013 Medicare Utilization:** 73,538

2007 Work RVU: 1.56 **2015 Work RVU:**
2007 NF PE RVU: 2.9 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77316 **Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.40
2007 NF PE RVU: **2015 NF PE RVU:** 3.73
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77317 **Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.83
2007 NF PE RVU: **2015 NF PE RVU:** 4.87
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.83 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77318 **Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.90
2007 NF PE RVU: **2015 NF PE RVU:** 6.78
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 2.90 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77326 **Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Medicare Utilization:** 5,142

2007 Work RVU: 0.93 **2015 Work RVU:**
2007 NF PE RVU: 2.75 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77327 **Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2013 Medicare Utilization:** 2,650

2007 Work RVU: 1.39 **2015 Work RVU:**
2007 NF PE RVU: 3.97 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77328 **Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Medicare Utilization:** 12,418

2007 Work RVU: 2.09 **2015 Work RVU:**
2007 NF PE RVU: 5.54 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Medicare Utilization:** 871,926

2007 Work RVU: 1.24 **2015 Work RVU:** 1.24
2007 NF PE RVU: 3.43 **2015 NF PE RVU:** 2.96
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Maintain

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 31 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2012 **2013 Medicare Utilization:** 478,241

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 2.52 **2015 NF PE RVU:** 2.13
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable): **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77338 **Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan**

Global: XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Medicare Utilization:** 118,989

2007 Work RVU: **2015 Work RVU:** 4.29
2007 NF PE RVU: **2015 NF PE RVU:** 9.60
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 30 **Specialty Developing Recommendation:** ASTRO

First Identified: NA **2013 Medicare Utilization:** 44

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 30.25 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** 0.00

RUC Recommendation: New PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77372 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: **2013 Medicare Utilization:** 775

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 22.93 **2015 NF PE RVU:** 29.67
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2013 Medicare Utilization:** 16,239

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 42.87 **2015 NF PE RVU:** 37.68
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77385 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77386 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77387 **Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 0.58

CPT Action (if applicable): October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77401 **Radiation treatment delivery, superficial and/or ortho voltage, per day**

Global: XXX **Issue:** Superficial Radiation Treatment Services **Screen:** **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:** 52,994

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 1.45 **2015 NF PE RVU:** 0.57
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77402 **Radiation treatment delivery, >= 1 MeV; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2012 **2013 Medicare Utilization:** 16,170

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 2.37 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines

CPT Action (if applicable): October 2013 and Feburary 2014 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77403 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Medicare Utilization:** 8,808

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 2.27 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77404 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Medicare Utilization:** 4,795

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 2.38 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77406 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Medicare Utilization:** 704

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 2.38 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77407 **Radiation treatment delivery, >= 1 MeV; intermediate**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Medicare Utilization:** 11,234

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 2.93 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Medicare Utilization:** 3,123

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 2.87 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77409 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Medicare Utilization:** 1,119

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 3.02 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77411 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Medicare Utilization:** 180

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 3.01 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77412 **Radiation treatment delivery, >= 1 MeV; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Medicare Utilization:** 6,694

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 3.46 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Medicare Utilization:** 512,236

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 3.46 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77414 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Medicare Utilization:** 375,090

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 3.68 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Medicare Utilization:** 44,876

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 3.68 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2008 **2013 Medicare Utilization:** 1,343,620

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 16.8 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A

Status Report: CMS Requests and Relativity Assessment Issues

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **2013 Medicare Utilization:** 1,389,150

2007 Work RVU: 0.39 **2015 Work RVU:**
2007 NF PE RVU: 3.11 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77422 **High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking**

Global: XXX **Issue:** **Screen:** CMS Request Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** November 2014 **2013 Medicare Utilization:** 1

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 4.58 **2015 NF PE RVU:** 0.93
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77423 **High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)**

Global: XXX **Issue:** **Screen:** CMS Request Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** November 2014 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 3.84 **2015 NF PE RVU:** 1.81
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 27 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2007 **2013 Medicare Utilization:** 1,137,603

2007 Work RVU: 3.70 **2015 Work RVU:** 3.37
2007 NF PE RVU: 1.15 **2015 NF PE RVU:** 1.58
2007 Fac PE RVU 1.15 **201 Fac PE RVU:** 1.58

RUC Recommendation: 3.45

CPT Action (if applicable): June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77600 **Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)**

Global: XXX **Issue:** Hyperthermia - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Medicare Utilization:** 2,146

2007 Work RVU: 1.56 **2015 Work RVU:** 1.56
2007 NF PE RVU: 5.09 **2015 NF PE RVU:** 9.63
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable): **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77776 **Interstitial radiation source application; simple**

Global: 090 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:** 68

2007 Work RVU: 4.67 **2015 Work RVU:** 4.70
2007 NF PE RVU: 4.23 **2015 NF PE RVU:** 8.14
2007 Fac PE RVU 4.23 **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77777 **Interstitial radiation source application; intermediate**

Global: 090 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:** 64

2007 Work RVU: 7.49 **2015 Work RVU:** 7.52
2007 NF PE RVU: 6.92 **2015 NF PE RVU:** 8.45
2007 Fac PE RVU 6.92 **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77778 **Interstitial radiation source application; complex**

Global: 090 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ASTRO

First Identified: October 2012 **2013 Medicare Utilization:** 6,434

2007 Work RVU: 11.23 **2015 Work RVU:** 11.32
2007 NF PE RVU: 9.38 **2015 NF PE RVU:** 12.49
2007 Fac PE RVU 9.38 **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77781 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2008 **2013 Medicare Utilization:**

2007 Work RVU: 1.21 **2015 Work RVU:**
2007 NF PE RVU: 16.73 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77782 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 2.04 **2015 Work RVU:**
2007 NF PE RVU: 18.94 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 5.15 **2015 Work RVU:**
2007 NF PE RVU: 28.04 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77785 **Remote afterloading high dose rate radionuclide brachytherapy; 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO

First Identified: **2013 Medicare Utilization:** 21,487

2007 Work RVU: **2015 Work RVU:** 1.42
2007 NF PE RVU: **2015 NF PE RVU:** 5.19
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2013 Medicare Utilization:** 32,654

2007 Work RVU: **2015 Work RVU:** 3.25
2007 NF PE RVU: **2015 NF PE RVU:** 10.26
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2013 Medicare Utilization:** 6,241

2007 Work RVU: **2015 Work RVU:** 4.89
2007 NF PE RVU: **2015 NF PE RVU:** 16.65
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77789 **Surface application of radiation source**

Global: 000 **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2014 **2013 Medicare Utilization:** 1,071

2007 Work RVU: 1.14 **2015 Work RVU:** 1.14
2007 NF PE RVU: 1.14 **2015 NF PE RVU:** 2.14
2007 Fac PE RVU 1.14 **201 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** October 2014 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

7778X1

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: 1.05 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

7778X2

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: 1.40 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

7778X3

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2013 Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **201 Fac PE RVU:**

RUC Recommendation: 1.95 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

7778X4

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO

First Identified: October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 3.80

CPT Action (if applicable): October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

7778X5

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO

First Identified: October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 5.40

CPT Action (if applicable): October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77790 **Supervision, handling, loading of radiation source**

Global: XXX **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ASTRO

First Identified: October 2012 **2013 Medicare Utilization:** 7,947

2007 Work RVU: 1.05 **2015 Work RVU:** 1.05
2007 NF PE RVU: 1 **2015 NF PE RVU:** 1.60
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78000 **Thyroid uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 0.19 **2015 Work RVU:**
2007 NF PE RVU: 1.21 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78001 **Thyroid uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 0.26 **2015 Work RVU:**
2007 NF PE RVU: 1.59 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 0.33 **2015 Work RVU:**
2007 NF PE RVU: 1.26 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78006 **Thyroid imaging, with uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 0.49 **2015 Work RVU:**
2007 NF PE RVU: 3.38 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78007 **Thyroid imaging, with uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2013 Medicare Utilization:**

2007 Work RVU: 0.50 **2015 Work RVU:**
2007 NF PE RVU: 2.76 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78010 **Thyroid imaging; only**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 0.39 **2015 Work RVU:**
2007 NF PE RVU: 2.45 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78011 **Thyroid imaging; with vascular flow**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 0.45 **2015 Work RVU:**
2007 NF PE RVU: 2.99 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Medicare Utilization:** 4,921

2007 Work RVU: **2015 Work RVU:** 0.19
2007 NF PE RVU: **2015 NF PE RVU:** 2.09
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.19 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Medicare Utilization:** 3,633

2007 Work RVU: **2015 Work RVU:** 0.37
2007 NF PE RVU: **2015 NF PE RVU:** 5.11
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Medicare Utilization:** 32,942

2007 Work RVU: **2015 Work RVU:** 0.50
2007 NF PE RVU: **2015 NF PE RVU:** 6.44
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2013 Medicare Utilization:** 18,356

2007 Work RVU: 0.82 **2015 Work RVU:** 0.80
2007 NF PE RVU: 4.21 **2015 NF PE RVU:** 7.85
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78071 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2013 Medicare Utilization:** 8,058

2007 Work RVU: **2015 Work RVU:** 1.20
2007 NF PE RVU: **2015 NF PE RVU:** 9.10
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.20 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2013 Medicare Utilization:** 4,736

2007 Work RVU: **2015 Work RVU:** 1.60
2007 NF PE RVU: **2015 NF PE RVU:** 10.18
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.60 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78223 **Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function**

Global: XXX **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2009 **2013 Medicare Utilization:**

2007 Work RVU: 0.84 **2015 Work RVU:**
2007 NF PE RVU: 4.95 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2013 Medicare Utilization:** 59,699

2007 Work RVU: **2015 Work RVU:** 0.74
2007 NF PE RVU: **2015 NF PE RVU:** 8.81
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2013 Medicare Utilization:** 102,508

2007 Work RVU: **2015 Work RVU:** 0.90
2007 NF PE RVU: **2015 NF PE RVU:** 12.06
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78278 **Acute gastrointestinal blood loss imaging**

Global: XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2013 Medicare Utilization:** 36,460

2007 Work RVU: 0.99 **2015 Work RVU:** 0.99
2007 NF PE RVU: 5.92 **2015 NF PE RVU:** 9.05
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.99 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78451 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2013 Medicare Utilization:** 44,971

2007 Work RVU: **2015 Work RVU:** 1.38
2007 NF PE RVU: **2015 NF PE RVU:** 8.43
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.40 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2013 Medicare Utilization:** 2,160,039

2007 Work RVU: **2015 Work RVU:** 1.62
2007 NF PE RVU: **2015 NF PE RVU:** 11.98
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78453 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2013 Medicare Utilization:** 1,638

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 7.77
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2013 Medicare Utilization:** 12,770

2007 Work RVU: **2015 Work RVU:** 1.34
2007 NF PE RVU: **2015 NF PE RVU:** 11.21
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.34 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78460 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 0.86 **2015 Work RVU:**
2007 NF PE RVU: 3.1 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78461 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 1.23 **2015 Work RVU:**
2007 NF PE RVU: 4.81 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78464 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 1.09 **2015 Work RVU:**
2007 NF PE RVU: 7.03 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78465 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 1.46 **2015 Work RVU:**
2007 NF PE RVU: 12.08 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78472 **Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2013 Medicare Utilization:** 34,705

2007 Work RVU: 0.98 **2015 Work RVU:** 0.98
2007 NF PE RVU: 5.87 **2015 NF PE RVU:** 5.62
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.98 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78478 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.50 **2015 Work RVU:**
2007 NF PE RVU: 1.54 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.30 **2015 Work RVU:**
2007 NF PE RVU: 1.51 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78579 **Pulmonary ventilation imaging (eg, aerosol or gas)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** **2013 Medicare Utilization:** 1,664

2007 Work RVU: **2015 Work RVU:** 0.49
2007 NF PE RVU: **2015 NF PE RVU:** 4.83
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.49 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Medicare Utilization:** 18,584

2007 Work RVU: 0.74 **2015 Work RVU:** 0.74
2007 NF PE RVU: 3.97 **2015 NF PE RVU:** 6.13
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** **2013 Medicare Utilization:** 229,737

2007 Work RVU: **2015 Work RVU:** 1.07
2007 NF PE RVU: **2015 NF PE RVU:** 8.57
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.07 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.99 **2015 Work RVU:**
2007 NF PE RVU: 3.34 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78585 **Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2013 Medicare Utilization:**

2007 Work RVU: 1.09 **2015 Work RVU:**
2007 NF PE RVU: 6.53 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78586 **Pulmonary ventilation imaging, aerosol; single projection**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.40 **2015 Work RVU:**
2007 NF PE RVU: 3.02 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78587 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.49 **2015 Work RVU:**
2007 NF PE RVU: 3.51 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78588 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.09 **2015 Work RVU:**
2007 NF PE RVU: 4.7 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78591 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.40 **2015 Work RVU:**
2007 NF PE RVU: 3.21 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78593 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.49 **2015 Work RVU:**
2007 NF PE RVU: 3.84 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78594 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.53 **2015 Work RVU:**
2007 NF PE RVU: 5.12 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 1.27 **2015 Work RVU:**
2007 NF PE RVU: 7.7 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78597 **Quantitative differential pulmonary perfusion, including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM

First Identified: **2013 Medicare Utilization:** 1,748

2007 Work RVU: **2015 Work RVU:** 0.75
2007 NF PE RVU: **2015 NF PE RVU:** 5.05
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.75

CPT Action (if applicable): October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78598 **Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM

First Identified: **2013 Medicare Utilization:** 4,760

2007 Work RVU: **2015 Work RVU:** 0.85
2007 NF PE RVU: **2015 NF PE RVU:** 7.97
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.85

CPT Action (if applicable): October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78815 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2010 **2013 Medicare Utilization:** 535,216

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **201 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

79101 **Radiopharmaceutical therapy, by intravenous administration**

Global: XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2013 Medicare Utilization:** 3,488

2007 Work RVU: 1.96 **2015 Work RVU:** 1.96
2007 NF PE RVU: 2.98 **2015 NF PE RVU:** 1.99
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Article published Feb 2012 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** October 2009 **2013 Medicare Utilization:** 96,805

2007 Work RVU: 0.56 **2015 Work RVU:** 0.56
2007 NF PE RVU: 0.93 **2015 NF PE RVU:** 1.52
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88106 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2013 Medicare Utilization:** 7,326

2007 Work RVU: 0.56 **2015 Work RVU:** 0.37
2007 NF PE RVU: 1.39 **2015 NF PE RVU:** 2.07
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88107 **Deleted from CPT**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.76 **2015 Work RVU:**
2007 NF PE RVU: 1.66 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2013 Medicare Utilization:** 252,296

2007 Work RVU: 0.56 **2015 Work RVU:** 0.44
2007 NF PE RVU: 1.27 **2015 NF PE RVU:** 1.91
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Review for PE rank order anomaly with 88112. 0.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88112 **Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** Cytopathology **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: April 2013 **Tab** 33 **Specialty Developing Recommendation:** CAP

First Identified: September 2011 **2013 Medicare Utilization:** 1,032,913

2007 Work RVU: 1.18 **2015 Work RVU:** 0.56
2007 NF PE RVU: 1.85 **2015 NF PE RVU:** 1.23
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.56

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request Final Rule for 2013 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2012 **2013 Medicare Utilization:** 74,236

2007 Work RVU: **2015 Work RVU:** 1.20
2007 NF PE RVU: **2015 NF PE RVU:** 16.19
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

88121 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology**

Global: XXX **Issue:** RAW review **Screen:** CMS Request Final Rule for 2013 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2012 **2013 Medicare Utilization:** 56,049

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 14.47
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2013 Medicare Utilization:** 216,679

2007 Work RVU: 0.08 **2015 Work RVU:** 0.08
2007 NF PE RVU: 0.49 **2015 NF PE RVU:** 0.33
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.08 and new PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2013 Medicare Utilization:** 100,066

2007 Work RVU: 0.13 **2015 Work RVU:** 0.13
2007 NF PE RVU: 1.1 **2015 NF PE RVU:** 0.75
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.13 and new PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2013 Medicare Utilization:** 1,070,985

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 1.37 **2015 NF PE RVU:** 1.04
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.22 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88305 **Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2013 Medicare Utilization:** 16,981,719

2007 Work RVU: 0.75 **2015 Work RVU:** 0.75
2007 NF PE RVU: 1.97 **2015 NF PE RVU:** 1.27
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.75 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88307 **Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2013 Medicare Utilization:** 912,295

2007 Work RVU: 1.59 **2015 Work RVU:** 1.59
2007 NF PE RVU: 3.48 **2015 NF PE RVU:** 6.93
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.59 and new PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88309 **Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection**

Global: XXX **Issue:** Pathology Services **Screen:** Havard Valued - Utilization over 1 Million / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2013 Medicare Utilization:** 156,139

2007 Work RVU: 2.80 **2015 Work RVU:** 2.80
2007 NF PE RVU: 4.86 **2015 NF PE RVU:** 10.12
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 2.80 and new PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2013 Medicare Utilization:** 1,469,146

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2015 NF PE RVU:** 2.17
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.54 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88313 **Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2013 Medicare Utilization:** 1,555,496

2007 Work RVU: 0.24 **2015 Work RVU:** 0.24
2007 NF PE RVU: 1.42 **2015 NF PE RVU:** 1.64
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.24 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2013 Medicare Utilization:** 22,997

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 2.04 **2015 NF PE RVU:** 1.62
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88318 **Deleted from CPT**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 22 **Specialty Developing Recommendation:** CAP, AAD

First Identified: **2013 Medicare Utilization:**

2007 Work RVU: 0.42 **2015 Work RVU:**
2007 NF PE RVU: 1.98 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): June 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP

First Identified: **2013 Medicare Utilization:** 16,991

2007 Work RVU: 0.53 **2015 Work RVU:** 0.53
2007 NF PE RVU: 3.36 **2015 NF PE RVU:** 1.92
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.53

CPT Action (if applicable): June 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP

First Identified: February 2010 **2013 Medicare Utilization:** 33,472

2007 Work RVU: 0.67 **2015 Work RVU:** 0.67
2007 NF PE RVU: 0.66 **2015 NF PE RVU:** 0.95
2007 Fac PE RVU 0.27 **201 Fac PE RVU:** 0.33

RUC Recommendation: 0.67

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP

First Identified: October 2009 **2013 Medicare Utilization:** 545,788

2007 Work RVU: 1.19 **2015 Work RVU:** 1.19
2007 NF PE RVU: 1.14 **2015 NF PE RVU:** 1.68
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.19

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2013 Medicare Utilization:** 177,730

2007 Work RVU: 0.59 **2015 Work RVU:** 0.59
2007 NF PE RVU: 0.46 **2015 NF PE RVU:** 0.66
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.59 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88341 **Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.42
2007 NF PE RVU: **2015 NF PE RVU:** 1.45
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.65 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88342 **Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2013 Medicare Utilization:** 4,249,789

2007 Work RVU: 0.85 **2015 Work RVU:** 0.70
2007 NF PE RVU: 1.6 **2015 NF PE RVU:** 1.81
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88343 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88344 **Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.77
2007 NF PE RVU: **2015 NF PE RVU:** 2.48
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.77 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88346 **Immunofluorescent study, each antibody; direct method**

Global: XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2013 Medicare Utilization:** 254,619

2007 Work RVU: 0.86 **2015 Work RVU:** 0.86
2007 NF PE RVU: 1.67 **2015 NF PE RVU:** 2.21
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88347 **Immunofluorescent study, each antibody; indirect method**

Global: XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC

First Identified: October 2013 **2013 Medicare Utilization:** 18,137

2007 Work RVU: 0.86 **2015 Work RVU:** 0.86
2007 NF PE RVU: 1.28 **2015 NF PE RVU:** 1.72
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy, diagnostic**

Global: XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP

First Identified: October 2012 **2013 Medicare Utilization:** 13,781

2007 Work RVU: 1.51 **2015 Work RVU:** 1.51
2007 NF PE RVU: 11.48 **2015 NF PE RVU:** 8.14
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable): **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88349 **Electron microscopy; scanning**

Global: XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP

First Identified: October 2012 **2013 Medicare Utilization:** 49

2007 Work RVU: 0.76 **2015 Work RVU:**
2007 NF PE RVU: 4.88 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): Oct 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2013 Medicare Utilization:** 19,013

2007 Work RVU: 3.02 **2015 Work RVU:** 2.80
2007 NF PE RVU: 4.79 **2015 NF PE RVU:** 2.91
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 2.80 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

8835X0

Global: **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 0.70 **CPT Action (if applicable):** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88364 **In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.53
2007 NF PE RVU: **2015 NF PE RVU:** 2.17
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.88 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88365 **In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - NPRM for 2012 / CMS Request Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2013 Medicare Utilization:** 53,433

2007 Work RVU: 1.20 **2015 Work RVU:** 0.88
2007 NF PE RVU: 2.32 **2015 NF PE RVU:** 3.48
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.88 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2

88366 **In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - NPRM for 2012 / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.24
2007 NF PE RVU: **2015 NF PE RVU:** 2.92
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.24 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2013 Medicare Utilization:** 164,059

2007 Work RVU: 1.30 **2015 Work RVU:** 0.73
2007 NF PE RVU: 4.31 **2015 NF PE RVU:** 2.25
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.86 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2

Status Report: CMS Requests and Relativity Assessment Issues

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2013 Medicare Utilization:** 291,066

2007 Work RVU: 1.40 **2015 Work RVU:** 0.88
2007 NF PE RVU: 2.96 **2015 NF PE RVU:** 2.14
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.88 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2

88369 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.53
2007 NF PE RVU: **2015 NF PE RVU:** 1.51
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.88 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88373 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.43
2007 NF PE RVU: **2015 NF PE RVU:** 1.24
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.86 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88374 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.93
2007 NF PE RVU: **2015 NF PE RVU:** 4.77
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.04 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88377 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - NPRM for 2012 / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.40
2007 NF PE RVU: **2015 NF PE RVU:** 4.56
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.40 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

90465 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2013 Medicare Utilization:**

2007 Work RVU: 0.17 **2015 Work RVU:**
2007 NF PE RVU: 0.35 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90467 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2013 Medicare Utilization:**

2007 Work RVU: 0.17 **2015 Work RVU:**
2007 NF PE RVU: 0.17 **2015 NF PE RVU:**
2007 Fac PE RVU 0.09 **201 Fac PE RVU:**

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90471 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2013 Medicare Utilization:** 432,574

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.35 **2015 NF PE RVU:** 0.53
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90472 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2013 Medicare Utilization:** 26,917

2007 Work RVU: 0.15 **2015 Work RVU:** 0.15
2007 NF PE RVU: 0.13 **2015 NF PE RVU:** 0.20
2007 Fac PE RVU 0.11 **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90473 **Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2013 Medicare Utilization:** 61

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.18 **2015 NF PE RVU:** 0.53
2007 Fac PE RVU 0.06 **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90474 **Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2013 Medicare Utilization:** 6

2007 Work RVU: 0.15 **2015 Work RVU:** 0.15
2007 NF PE RVU: 0.09 **2015 NF PE RVU:** 0.20
2007 Fac PE RVU 0.05 **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90785 **Interactive complexity (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Medicare Utilization:** 177,054

2007 Work RVU: **2015 Work RVU:** 0.33
2007 NF PE RVU: **2015 NF PE RVU:** 0.06
2007 Fac PE RVU **201 Fac PE RVU:** 0.06

RUC Recommendation: 0.33 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90791 **Psychiatric diagnostic evaluation**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: **2013 Medicare Utilization:** 919,872

2007 Work RVU: **2015 Work RVU:** 3.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.57
2007 Fac PE RVU **201 Fac PE RVU:** 0.46

RUC Recommendation: 3.00

CPT Action (if applicable): February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90792 **Psychiatric diagnostic evaluation with medical services**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: **2013 Medicare Utilization:** 539,179

2007 Work RVU: **2015 Work RVU:** 3.25
2007 NF PE RVU: **2015 NF PE RVU:** 0.73
2007 Fac PE RVU **201 Fac PE RVU:** 0.61

RUC Recommendation: 3.25

CPT Action (if applicable): February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90801 **Psychiatric diagnostic interview examination**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Medicare Utilization:**

2007 Work RVU: 2.80 **2015 Work RVU:**
2007 NF PE RVU: 1.25 **2015 NF PE RVU:**
2007 Fac PE RVU 0.85 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Medicare Utilization:**

2007 Work RVU: 1.37 **2015 Work RVU:**
2007 NF PE RVU: 0.53 **2015 NF PE RVU:**
2007 Fac PE RVU 0.38 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Medicare Utilization:**

2007 Work RVU: 1.86 **2015 Work RVU:**
2007 NF PE RVU: 0.66 **2015 NF PE RVU:**
2007 Fac PE RVU 0.53 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Medicare Utilization:**

2007 Work RVU: 2.79 **2015 Work RVU:**
2007 NF PE RVU: 0.94 **2015 NF PE RVU:**
2007 Fac PE RVU 0.8 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: 1.89 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0.63 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

90832 **Psychotherapy, 30 minutes with patient and/or family member**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Medicare Utilization:** 2,401,121

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.24
2007 Fac PE RVU **201 Fac PE RVU:** 0.22

RUC Recommendation: 1.50 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 **Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Medicare Utilization:** 1,259,018

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.29
2007 Fac PE RVU **201 Fac PE RVU:** 0.27

RUC Recommendation: 1.50 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90834 **Psychotherapy, 45 minutes with patient and/or family member**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Medicare Utilization:** 6,089,228

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.31
2007 Fac PE RVU **201 Fac PE RVU:** 0.29

RUC Recommendation: 2.00 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90836 **Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Medicare Utilization:** 572,502

2007 Work RVU: **2015 Work RVU:** 1.90
2007 NF PE RVU: **2015 NF PE RVU:** 0.36
2007 Fac PE RVU **201 Fac PE RVU:** 0.35

RUC Recommendation: 1.90 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient and/or family member**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Medicare Utilization:** 3,232,674

2007 Work RVU: **2015 Work RVU:** 3.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.46
2007 Fac PE RVU **201 Fac PE RVU:** 0.44

RUC Recommendation: 3.00 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90838 **Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: **2013 Medicare Utilization:** 86,192

2007 Work RVU: **2015 Work RVU:** 2.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.48
2007 Fac PE RVU **201 Fac PE RVU:** 0.46

RUC Recommendation: 2.50

CPT Action (if applicable): February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90839 **Psychotherapy for crisis; first 60 minutes**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: **2013 Medicare Utilization:** 12,108

2007 Work RVU: **2015 Work RVU:** 3.13
2007 NF PE RVU: **2015 NF PE RVU:** 0.49
2007 Fac PE RVU **201 Fac PE RVU:** 0.46

RUC Recommendation: 3.13

CPT Action (if applicable): February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90840 **Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: **2013 Medicare Utilization:** 2,395

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.23
2007 Fac PE RVU **201 Fac PE RVU:** 0.22

RUC Recommendation: 1.50

CPT Action (if applicable): February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90845 **Psychoanalysis**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab** **Specialty Developing Recommendation:** **First Identified:** **2013 Medicare Utilization:** 5,364

2007 Work RVU: 1.79 **2015 Work RVU:** 2.10
2007 NF PE RVU: 0.53 **2015 NF PE RVU:** 0.38
2007 Fac PE RVU 0.49 **201 Fac PE RVU:** 0.37

RUC Recommendation: 2.10 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90846 **Family psychotherapy (without the patient present)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Medicare Utilization:** 21,085

2007 Work RVU: 1.83 **2015 Work RVU:** 2.40
2007 NF PE RVU: 0.62 **2015 NF PE RVU:** 0.40
2007 Fac PE RVU 0.6 **201 Fac PE RVU:** 0.38

RUC Recommendation: 2.40 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Medicare Utilization:** 233,155

2007 Work RVU: 2.21 **2015 Work RVU:** 2.50
2007 NF PE RVU: 0.8 **2015 NF PE RVU:** 0.40
2007 Fac PE RVU 0.69 **201 Fac PE RVU:** 0.38

RUC Recommendation: 2.50 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Medicare Utilization:** 1,191,105

2007 Work RVU: 0.59 **2015 Work RVU:** 0.59
2007 NF PE RVU: 0.26 **2015 NF PE RVU:** 0.11
2007 Fac PE RVU 0.22 **201 Fac PE RVU:** 0.10

RUC Recommendation: 0.59 **CPT Action (if applicable):** February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Medicare Utilization:**

2007 Work RVU: 0.95 **2015 Work RVU:**
2007 NF PE RVU: 0.46 **2015 NF PE RVU:**
2007 Fac PE RVU 0.31 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90863 **Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 40 **Specialty Developing Recommendation:** APA (HCPAC)

First Identified: **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 0.48

CPT Action (if applicable): February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90870 **Electroconvulsive therapy (includes necessary monitoring)**

Global: 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 41 **Specialty Developing Recommendation:** APA

First Identified: October 2009 **2013 Medicare Utilization:** 142,142

2007 Work RVU: 1.88 **2015 Work RVU:** 2.50
2007 NF PE RVU: 1.93 **2015 NF PE RVU:** 2.40
2007 Fac PE RVU 0.54 **201 Fac PE RVU:** 0.52

RUC Recommendation: 2.50

CPT Action (if applicable): **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90935 **Hemodialysis procedure with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: October 2008

2013 Medicare Utilization: 1,248,862

2007 Work RVU: 1.22 **2015 Work RVU:** 1.48

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 0.64 **201 Fac PE RVU:** 0.48

RUC Recommendation: 1.48

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2013 Medicare Utilization: 73,840

2007 Work RVU: 2.11 **2015 Work RVU:** 2.11

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 0.93 **201 Fac PE RVU:** 0.71

RUC Recommendation: 2.11

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2013 Medicare Utilization: 142,523

2007 Work RVU: 1.28 **2015 Work RVU:** 1.56

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 0.66 **201 Fac PE RVU:** 0.77

RUC Recommendation: 1.56

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

90947 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 14,888

2007 Work RVU: 2.16 **2015 Work RVU:** 2.52
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.94 **201 Fac PE RVU:** 0.83

RUC Recommendation: 2.52 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90951 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 48

2007 Work RVU: **2015 Work RVU:** 18.46
2007 NF PE RVU: **2015 NF PE RVU:** 6.95
2007 Fac PE RVU **201 Fac PE RVU:** 6.94

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90952 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 9

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90953 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 14

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 692

2007 Work RVU: **2015 Work RVU:** 15.98
2007 NF PE RVU: **2015 NF PE RVU:** 6.12
2007 Fac PE RVU **201 Fac PE RVU:** 6.11

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90955 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 126

2007 Work RVU: **2015 Work RVU:** 8.79
2007 NF PE RVU: **2015 NF PE RVU:** 3.61
2007 Fac PE RVU **201 Fac PE RVU:** 3.60

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90956 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 139

2007 Work RVU: **2015 Work RVU:** 5.95
2007 NF PE RVU: **2015 NF PE RVU:** 2.74
2007 Fac PE RVU **201 Fac PE RVU:** 2.74

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 2,692

2007 Work RVU: **2015 Work RVU:** 12.52
2007 NF PE RVU: **2015 NF PE RVU:** 4.92
2007 Fac PE RVU **201 Fac PE RVU:** 4.91

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90958 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 819

2007 Work RVU: **2015 Work RVU:** 8.34
2007 NF PE RVU: **2015 NF PE RVU:** 3.46
2007 Fac PE RVU **201 Fac PE RVU:** 3.45

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90959 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 613

2007 Work RVU: **2015 Work RVU:** 5.50
2007 NF PE RVU: **2015 NF PE RVU:** 2.53
2007 Fac PE RVU **201 Fac PE RVU:** 2.53

RUC Recommendation: RUC Recommended revised clinical staff time

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90960 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 2,230,167

2007 Work RVU: **2015 Work RVU:** 5.18
2007 NF PE RVU: **2015 NF PE RVU:** 2.53
2007 Fac PE RVU **201 Fac PE RVU:** 2.53

RUC Recommendation: RUC Recommended revised physician and clinical staff time

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90961 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 673,035

2007 Work RVU: **2015 Work RVU:** 4.26
2007 NF PE RVU: **2015 NF PE RVU:** 2.22
2007 Fac PE RVU **201 Fac PE RVU:** 2.22

RUC Recommendation: RUC Recommended revised physician and clinical staff time

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90962 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 191,460

2007 Work RVU: **2015 Work RVU:** 3.15
2007 NF PE RVU: **2015 NF PE RVU:** 1.86
2007 Fac PE RVU **201 Fac PE RVU:** 1.86

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 244

2007 Work RVU: **2015 Work RVU:** 10.56
2007 NF PE RVU: **2015 NF PE RVU:** 4.20
2007 Fac PE RVU **201 Fac PE RVU:** 4.19

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90964 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 1,085

2007 Work RVU: **2015 Work RVU:** 9.14
2007 NF PE RVU: **2015 NF PE RVU:** 3.73
2007 Fac PE RVU **201 Fac PE RVU:** 3.72

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90965 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 1,878

2007 Work RVU: **2015 Work RVU:** 8.69
2007 NF PE RVU: **2015 NF PE RVU:** 3.59
2007 Fac PE RVU **201 Fac PE RVU:** 3.58

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90966 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Medicare Utilization:** 287,008

2007 Work RVU: **2015 Work RVU:** 4.26
2007 NF PE RVU: **2015 NF PE RVU:** 2.21
2007 Fac PE RVU **201 Fac PE RVU:** 2.21

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

91038 **Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)**

Global: 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 23 **Specialty Developing Recommendation:** AGA, ASGE **First Identified:** February 2010 **2013 Medicare Utilization:** 3,271

2007 Work RVU: 1.10 **2015 Work RVU:** 1.10
2007 NF PE RVU: 2.36 **2015 NF PE RVU:** 11.69
2007 Fac PE RVU 2.36 **201 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91132 **Electrogastrography, diagnostic, transcutaneous;**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2013 Medicare Utilization:** 42

2007 Work RVU: 0.00 **2015 Work RVU:** 0.52
2007 NF PE RVU: 0 **2015 NF PE RVU:** 3.67
2007 Fac PE RVU 0 **201 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2013 Medicare Utilization:** 101

2007 Work RVU: 0.00 **2015 Work RVU:** 0.66
2007 NF PE RVU: 0 **2015 NF PE RVU:** 4.20
2007 Fac PE RVU 0 **201 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2013 Medicare Utilization:** 112,028

2007 Work RVU: 0.36 **2015 Work RVU:** 0.30
2007 NF PE RVU: 0.95 **2015 NF PE RVU:** 0.64
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.30

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2013 Medicare Utilization:** 175,300

2007 Work RVU: 0.44 **2015 Work RVU:** 0.40
2007 NF PE RVU: 1.26 **2015 NF PE RVU:** 0.93
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2013 Medicare Utilization:** 2,776,024

2007 Work RVU: 0.50 **2015 Work RVU:** 0.50
2007 NF PE RVU: 1.46 **2015 NF PE RVU:** 1.29
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92100 **Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2013 Medicare Utilization:** 42,218

2007 Work RVU: 0.92 **2015 Work RVU:** 0.61
2007 NF PE RVU: 1.33 **2015 NF PE RVU:** 1.63
2007 Fac PE RVU 0.35 **201 Fac PE RVU:** 0.33

RUC Recommendation: 0.61 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92133 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye)

First Identified:

2013 Medicare Utilization: 2,258,802

2007 Work RVU: **2015 Work RVU:** 0.50

2007 NF PE RVU: **2015 NF PE RVU:** 0.72

2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.50

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92134 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye)

First Identified: October 2008

2013 Medicare Utilization: 4,915,047

2007 Work RVU: **2015 Work RVU:** 0.50

2007 NF PE RVU: **2015 NF PE RVU:** 0.75

2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.50

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92135 **Deleted from CPT**

Global: XXX **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 31 **Specialty Developing Recommendation:** AAO, AOA

First Identified: October 2008

2013 Medicare Utilization:

2007 Work RVU: 0.35 **2015 Work RVU:**

2007 NF PE RVU: 0.79 **2015 NF PE RVU:**

2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92136 **Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**

Global: XXX **Issue:** Ophthalmologic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAO, AOA, ASCRS

First Identified: October 2008 **2013 Medicare Utilization:** 1,453,138

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 1.6 **2015 NF PE RVU:** 1.98
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report**

Global: XXX **Issue:** ICG Angiography with Fluorescein **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 26 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2013 Medicare Utilization:** 1,375,831

2007 Work RVU: 0.81 **2015 Work RVU:** 0.81
2007 NF PE RVU: 2.54 **2015 NF PE RVU:** 2.26
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT for bundling. 0.81

CPT Action (if applicable): CPT 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92240 **Indocyanine-green angiography (includes multiframe imaging) with interpretation and report**

Global: XXX **Issue:** ICG Angiography with Fluorescein **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2015 **2013 Medicare Utilization:** 107,723

2007 Work RVU: 1.10 **2015 Work RVU:** 1.10
2007 NF PE RVU: 5.7 **2015 NF PE RVU:** 6.05
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT for bundling.

CPT Action (if applicable): CPT 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAO

First Identified: October 2010 **2013 Medicare Utilization:** 2,809,509

2007 Work RVU: 0.44 **2015 Work RVU:** 0.44
2007 NF PE RVU: 1.48 **2015 NF PE RVU:** 1.76
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Maintain

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92270 **Electro-oculography with interpretation and report**

Global: XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: February 2008 **2013 Medicare Utilization:** 29,064

2007 Work RVU: 0.81 **2015 Work RVU:** 0.81
2007 NF PE RVU: 1.5 **2015 NF PE RVU:** 1.74
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Review utilization (September 2017). Refer to CPT. CPT Assistant article published.

CPT Action (if applicable): February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A

Result:

92285 **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)**

Global: XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 32 **Specialty Developing Recommendation:** AAO, AOA

First Identified: October 2008 **2013 Medicare Utilization:** 335,415

2007 Work RVU: 0.20 **2015 Work RVU:** 0.05
2007 NF PE RVU: 0.95 **2015 NF PE RVU:** 0.51
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.05 and new PE inputs

CPT Action (if applicable): February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92286 **Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2013 Medicare Utilization:** 147,680

2007 Work RVU: 0.66 **2015 Work RVU:** 0.40
2007 NF PE RVU: 2.83 **2015 NF PE RVU:** 0.66
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92287 **Anterior segment imaging with interpretation and report; with fluorescein angiography**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** **2013 Medicare Utilization:** 3,825

2007 Work RVU: 0.81 **2015 Work RVU:** 0.81
2007 NF PE RVU: 2.28 **2015 NF PE RVU:** 3.05
2007 Fac PE RVU 0.31 **201 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **CPT Action (if applicable):** October 2011 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2013

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 43 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2009 **2013 Medicare Utilization:** 211,726

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.51 **2015 NF PE RVU:** 0.66
2007 Fac PE RVU 0.08 **201 Fac PE RVU:** 0.08

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA

First Identified:

2013 Medicare Utilization: 21,703

2007 Work RVU: 0.86 **2015 Work RVU:**

2007 NF PE RVU: 2.76 **2015 NF PE RVU:**

2007 Fac PE RVU 0.36 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT.

CPT Action (if applicable): October 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA

First Identified:

2013 Medicare Utilization: 118,073

2007 Work RVU: 0.52 **2015 Work RVU:** 1.30

2007 NF PE RVU: 1.13 **2015 NF PE RVU:** 0.89

2007 Fac PE RVU 0.21 **201 Fac PE RVU:** NA

RUC Recommendation: 1.30 work RVU and clinical staff time removed

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA

First Identified:

2013 Medicare Utilization: 1,672

2007 Work RVU: 0.26 **2015 Work RVU:** 0.33

2007 NF PE RVU: 0.51 **2015 NF PE RVU:** 0.32

2007 Fac PE RVU 0.11 **201 Fac PE RVU:** NA

RUC Recommendation: 0.43 work RVU and clinical staff time removed

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92521 **Evaluation of speech fluency (eg, stuttering, cluttering)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.75
2007 NF PE RVU: **2015 NF PE RVU:** 1.22
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92522 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 1.04
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92523 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.00
2007 NF PE RVU: **2015 NF PE RVU:** 2.15
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 3.36 **CPT Action (if applicable):** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92524 **Behavioral and qualitative analysis of voice and resonance**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.93
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92526 **Treatment of swallowing dysfunction and/or oral function for feeding**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Medicare Utilization:** 33,490

2007 Work RVU: 0.55 **2015 Work RVU:** 1.34
2007 NF PE RVU: 1.65 **2015 NF PE RVU:** 1.04
2007 Fac PE RVU 0.19 **201 Fac PE RVU:** NA

RUC Recommendation: Review utilization September 2016. **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** **2013 Medicare Utilization:** 95,312

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 1.32
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2013 Medicare Utilization:** 28,800

2007 Work RVU: 0.40 **2015 Work RVU:** 0.40
2007 NF PE RVU: 1.05 **2015 NF PE RVU:** 0.21
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2013 Medicare Utilization:** 48,257

2007 Work RVU: 0.33 **2015 Work RVU:** 0.48
2007 NF PE RVU: 1.16 **2015 NF PE RVU:** 0.24
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.48 **CPT Action (if applicable):** February 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** February 2008 **2013 Medicare Utilization:** 362,296

2007 Work RVU: 0.10 **2015 Work RVU:** 0.10
2007 NF PE RVU: 0.59 **2015 NF PE RVU:** 0.33
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA

First Identified: February 2008 **2013 Medicare Utilization:** 7,709

2007 Work RVU: 0.26 **2015 Work RVU:** 0.27
2007 NF PE RVU: 0.93 **2015 NF PE RVU:** 0.15
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.27

CPT Action (if applicable): February 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA

First Identified: February 2008 **2013 Medicare Utilization:** 18,144

2007 Work RVU: 0.23 **2015 Work RVU:** 0.25
2007 NF PE RVU: 0.85 **2015 NF PE RVU:** 0.14
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.25

CPT Action (if applicable): February 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92546 **Sinusoidal vertical axis rotational testing**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2013 Medicare Utilization:** 109,396

2007 Work RVU: 0.29 **2015 Work RVU:** 0.29
2007 NF PE RVU: 1.94 **2015 NF PE RVU:** 2.59
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Editorial change only

CPT Action (if applicable): February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92547 **Use of vertical electrodes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2013 Medicare Utilization:** 227,977

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.09 **2015 NF PE RVU:** 0.17
2007 Fac PE RVU 0.09 **201 Fac PE RVU:** NA

RUC Recommendation: Editorial change only

CPT Action (if applicable): February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92548 **Computerized dynamic posturography**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2013 Medicare Utilization:** 27,290

2007 Work RVU: 0.50 **2015 Work RVU:** 0.50
2007 NF PE RVU: 2.1 **2015 NF PE RVU:** 2.38
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Editorial change only

CPT Action (if applicable): February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

9254X1

Global: **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA

First Identified: October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 0.80

CPT Action (if applicable): October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

9254X2

Global: **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA

First Identified: October 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: 0.55

CPT Action (if applicable): October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92550 **Tympanometry and reflex threshold measurements**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA

First Identified:

2013 Medicare Utilization: 285,978

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2015 Work RVU: 0.35
2015 NF PE RVU: 0.23
201 Fac PE RVU: NA

RUC Recommendation: 0.35

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92557 **Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN

First Identified: February 2008

2013 Medicare Utilization: 1,147,704

2007 Work RVU: 0.00
2007 NF PE RVU: 1.21
2007 Fac PE RVU NA

2015 Work RVU: 0.60
2015 NF PE RVU: 0.43
201 Fac PE RVU: 0.29

RUC Recommendation: 0.60 work RVU and clinical staff time removed

CPT Action (if applicable): February 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92558 **Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA

First Identified:

2013 Medicare Utilization: 310

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2015 Work RVU: 0.00
2015 NF PE RVU: 0.00
201 Fac PE RVU: 0.00

RUC Recommendation: 0.17

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92567 **Tympanometry (impedance testing)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2013 Medicare Utilization:** 739,751

2007 Work RVU: 0.00 **2015 Work RVU:** 0.20
2007 NF PE RVU: 0.51 **2015 NF PE RVU:** 0.20
2007 Fac PE RVU NA **201 Fac PE RVU:** 0.10

RUC Recommendation: 0.20 work RVU and clinical staff time removed **CPT Action (if applicable):** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92568 **Acoustic reflex testing, threshold**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2013 Medicare Utilization:** 19,007

2007 Work RVU: 0.00 **2015 Work RVU:** 0.29
2007 NF PE RVU: 0.32 **2015 NF PE RVU:** 0.14
2007 Fac PE RVU NA **201 Fac PE RVU:** 0.13

RUC Recommendation: 0.29 work RVU and clinical staff time removed **CPT Action (if applicable):** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92569 **Deleted from CPT**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0.35 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92570 **Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA

First Identified:

2013 Medicare Utilization: 58,821

2007 Work RVU: **2015 Work RVU:** 0.55

2007 NF PE RVU: **2015 NF PE RVU:** 0.33

2007 Fac PE RVU **201 Fac PE RVU:** 0.27

RUC Recommendation: 0.55

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA

First Identified: October 2008

2013 Medicare Utilization: 92,177

2007 Work RVU: 0.13 **2015 Work RVU:** 0.35

2007 NF PE RVU: 1.19 **2015 NF PE RVU:** 0.24

2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.45

CPT Action (if applicable): October 2010

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92588 **Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA

First Identified:

2013 Medicare Utilization: 107,657

2007 Work RVU: 0.36 **2015 Work RVU:** 0.55

2007 NF PE RVU: 1.48 **2015 NF PE RVU:** 0.36

2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.60

CPT Action (if applicable): February 2011

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 30 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2013 Medicare Utilization:** 2,527

2007 Work RVU: 0.86 **2015 Work RVU:** 1.26
2007 NF PE RVU: 1.69 **2015 NF PE RVU:** 0.71
2007 Fac PE RVU 0.4 **201 Fac PE RVU:** NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:** 1.75
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.78
2007 Fac PE RVU 0 **201 Fac PE RVU:** 0.67

RUC Recommendation: 1.75

CPT Action (if applicable): February 2011

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:** 1.40
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.87
2007 Fac PE RVU 0 **201 Fac PE RVU:** 0.54

RUC Recommendation: 1.40 work RVU and clinical staff time removed

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92607 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Medicare Utilization:** 470

2007 Work RVU: 0.00 **2015 Work RVU:** 1.85
2007 NF PE RVU: 3.38 **2015 NF PE RVU:** 1.56
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

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92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Medicare Utilization:** 155

2007 Work RVU: 0.00 **2015 Work RVU:** 0.70
2007 NF PE RVU: 0.63 **2015 NF PE RVU:** 0.78
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.70 work RVU and clinical staff time removed **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

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92609 **Therapeutic services for the use of speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Medicare Utilization:** 6,514

2007 Work RVU: 0.00 **2015 Work RVU:** 1.50
2007 NF PE RVU: 1.77 **2015 NF PE RVU:** 1.58
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.50 work RVU and clinical staff time removed **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

92610 **Evaluation of oral and pharyngeal swallowing function**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Medicare Utilization:** 9,602

2007 Work RVU: 0.00 **2015 Work RVU:** 1.30
2007 NF PE RVU: 2.98 **2015 NF PE RVU:** 1.04
2007 Fac PE RVU NA **201 Fac PE RVU:** 0.70

RUC Recommendation: Review utilization September 2016.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 39 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2013 Medicare Utilization:** 8,010

2007 Work RVU: 0.00 **2015 Work RVU:** 1.34
2007 NF PE RVU: 3.04 **2015 NF PE RVU:** 1.01
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.34 work RVU and clinical staff time removed

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.65
2007 NF PE RVU: **2015 NF PE RVU:** 0.27
2007 Fac PE RVU **201 Fac PE RVU:** 0.25

RUC Recommendation: 0.65

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92620 **Evaluation of central auditory function, with report; initial 60 minutes**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Medicare Utilization:** 2,956

2007 Work RVU: 0.00 **2015 Work RVU:** 1.50
2007 NF PE RVU: 1.32 **2015 NF PE RVU:** 1.10
2007 Fac PE RVU NA **201 Fac PE RVU:** 0.78

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92621 **Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Medicare Utilization:** 31

2007 Work RVU: 0.00 **2015 Work RVU:** 0.35
2007 NF PE RVU: 0.29 **2015 NF PE RVU:** 0.27
2007 Fac PE RVU NA **201 Fac PE RVU:** 0.18

RUC Recommendation: 0.35 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Medicare Utilization:** 8,249

2007 Work RVU: 0.00 **2015 Work RVU:** 1.15
2007 NF PE RVU: 1.3 **2015 NF PE RVU:** 0.78
2007 Fac PE RVU 1.3 **201 Fac PE RVU:** 0.57

RUC Recommendation: 1.15 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92626 **Evaluation of auditory rehabilitation status; first hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Medicare Utilization:** 19,633

2007 Work RVU: 0.00 **2015 Work RVU:** 1.40
2007 NF PE RVU: 2.11 **2015 NF PE RVU:** 1.08
2007 Fac PE RVU NA **201 Fac PE RVU:** 0.70

RUC Recommendation: Develop CPT Assistant article. Review September 2016.

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

92627 **Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Medicare Utilization:** 2,905

2007 Work RVU: 0.00 **2015 Work RVU:** 0.33
2007 NF PE RVU: 0.52 **2015 NF PE RVU:** 0.28
2007 Fac PE RVU 0.52 **201 Fac PE RVU:** 0.16

RUC Recommendation: 0.33

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Medicare Utilization:** 32

2007 Work RVU: 0.00 **2015 Work RVU:** 1.76
2007 NF PE RVU: 1.4 **2015 NF PE RVU:** 1.39
2007 Fac PE RVU 1.4 **201 Fac PE RVU:** 0.89

RUC Recommendation: 1.76

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92920 **Percutaneous transluminal coronary angioplasty; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Medicare Utilization:** 26,283

2007 Work RVU: **2015 Work RVU:** 10.10
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.45

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92921 **Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Medicare Utilization:** 1

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 4.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Medicare Utilization:** 1,309

2007 Work RVU: **2015 Work RVU:** 11.99
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 4.08

RUC Recommendation: 11.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 5.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2013 Medicare Utilization:** 231,471

2007 Work RVU: **2015 Work RVU:** 11.21
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.81

RUC Recommendation: 10.49

CPT Action (if applicable): October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2013 Medicare Utilization:** 3

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 4.44

CPT Action (if applicable): October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2013 Medicare Utilization:** 6,665

2007 Work RVU: **2015 Work RVU:** 12.54
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 4.26

RUC Recommendation: 12.32

CPT Action (if applicable): October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 5.50 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Medicare Utilization:** 19,484

2007 Work RVU: **2015 Work RVU:** 11.20
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.81

RUC Recommendation: 10.49 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92941 **Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Medicare Utilization:** 52,520

2007 Work RVU: **2015 Work RVU:** 12.56
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 4.27

RUC Recommendation: 12.32 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92943 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Medicare Utilization:** 6,674

2007 Work RVU: **2015 Work RVU:** 12.56
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 4.27

RUC Recommendation: 12.32 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92944 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92960 **Cardioversion, elective, electrical conversion of arrhythmia; external**

Global: 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 19 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2013 Medicare Utilization:** 151,191

2007 Work RVU: 2.25 **2015 Work RVU:** 2.25
2007 NF PE RVU: 5.83 **2015 NF PE RVU:** 3.43
2007 Fac PE RVU 1.25 **201 Fac PE RVU:** 1.08

RUC Recommendation: 2.25

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92973 **Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Medicare Utilization:** 4,591

2007 Work RVU: 3.28 **2015 Work RVU:** 3.28
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.42 **201 Fac PE RVU:** 1.13

RUC Recommendation: Review utilization September 2016.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

92980 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Medicare Utilization:**

2007 Work RVU: 14.82 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 6.65 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Medicare Utilization:**

2007 Work RVU: 4.16 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.8 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2013 Medicare Utilization:**

2007 Work RVU: 10.96 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 4.97 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2013 Medicare Utilization:**

2007 Work RVU: 2.97 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.28 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2013 Medicare Utilization:** 3,779

2007 Work RVU: 22.70 **2015 Work RVU:** 22.85
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.84 **201 Fac PE RVU:** 10.58

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Medicare Utilization:**

2007 Work RVU: 12.07 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.45 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Medicare Utilization:**

2007 Work RVU: 3.26 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.41 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2011 **2013 Medicare Utilization:** 11,660,201

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.47 **2015 NF PE RVU:** 0.29
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** February 2008 **2013 Medicare Utilization:** 521,201

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2015 NF PE RVU:** 0.23
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.00 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**

Global: XXX **Issue:** Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** October 2010 **2013 Medicare Utilization:** 19,348,953

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.06 **2015 NF PE RVU:** 0.06
2007 Fac PE RVU 0.06 **201 Fac PE RVU:** 0.06

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93012 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 5.55 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93014 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 0.52 **2015 Work RVU:**
2007 NF PE RVU: 0.2 **2015 NF PE RVU:**
2007 Fac PE RVU 0.2 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93015 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 1,230,281

2007 Work RVU: 0.75 **2015 Work RVU:** 0.75
2007 NF PE RVU: 1.95 **2015 NF PE RVU:** 1.36
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.75. CPT Assistant published. **CPT Action (if applicable):** October 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93016 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 1,161,135

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.19 **2015 NF PE RVU:** 0.16
2007 Fac PE RVU 0.19 **201 Fac PE RVU:** 0.16

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Medicare Utilization:** 111,621

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 1.64 **2015 NF PE RVU:** 1.10
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 1,342,661

2007 Work RVU: 0.30 **2015 Work RVU:** 0.30
2007 NF PE RVU: 0.12 **2015 NF PE RVU:** 0.10
2007 Fac PE RVU 0.12 **201 Fac PE RVU:** 0.10

RUC Recommendation: 0.30 **CPT Action (if applicable):** October 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93025 **Microvolt T-wave alternans for assessment of ventricular arrhythmias**

Global: XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 18 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2013 Medicare Utilization:** 1,934

2007 Work RVU: 0.75 **2015 Work RVU:** 0.75
2007 NF PE RVU: 6.67 **2015 NF PE RVU:** 3.82
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93040 **Rhythm ECG, 1-3 leads; with interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2013 Medicare Utilization:** 153,454

2007 Work RVU: 0.16 **2015 Work RVU:** 0.15
2007 NF PE RVU: 0.2 **2015 NF PE RVU:** 0.19
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.15

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93041 **Rhythm ECG, 1-3 leads; tracing only without interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2013 Medicare Utilization:** 15,561

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.15 **2015 NF PE RVU:** 0.15
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.00 (PE only)

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93042 **Rhythm ECG, 1-3 leads; interpretation and report only**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC, ACEP

First Identified: October 2008 **2013 Medicare Utilization:** 620,851

2007 Work RVU: 0.16 **2015 Work RVU:** 0.15
2007 NF PE RVU: 0.05 **2015 NF PE RVU:** 0.04
2007 Fac PE RVU 0.05 **201 Fac PE RVU:** 0.04

RUC Recommendation: 0.15

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2013 Medicare Utilization:** 440,828

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 3.29 **2015 NF PE RVU:** 2.03
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93225 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 129,050

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 1.2 **2015 NF PE RVU:** 0.75
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93226 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 162,187

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 1.88 **2015 NF PE RVU:** 1.06
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93227 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2013 Medicare Utilization:** 393,280

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 0.21 **2015 NF PE RVU:** 0.22
2007 Fac PE RVU 0.21 **201 Fac PE RVU:** 0.22

RUC Recommendation: 0.52 **CPT Action (if applicable):** Feburary 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 72,128

2007 Work RVU: **2015 Work RVU:** 0.52
2007 NF PE RVU: **2015 NF PE RVU:** 0.19
2007 Fac PE RVU **201 Fac PE RVU:** 0.19

RUC Recommendation: 0.52 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 117,914

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 18.97
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: Contractor Priced **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93230 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2013 Medicare Utilization:**

2007 Work RVU: 0.52 **2015 Work RVU:**
2007 NF PE RVU: 3.49 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93231 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 1.37 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93232 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 1.92 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93233 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2013 Medicare Utilization:**

2007 Work RVU: 0.52 **2015 Work RVU:**
2007 NF PE RVU: 0.2 **2015 NF PE RVU:**
2007 Fac PE RVU 0.2 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93235 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93236 **Deleted from CPT**

Global: XXX **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93237 **Deleted from CPT**

Global: XXX **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2013 Medicare Utilization:**

2007 Work RVU: 0.45 **2015 Work RVU:**
2007 NF PE RVU: 0.18 **2015 NF PE RVU:**
2007 Fac PE RVU 0.18 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: **2013 Medicare Utilization:** 20,715

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 7.02 **2015 NF PE RVU:** 5.21
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.52

CPT Action (if applicable): February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93270 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: **2013 Medicare Utilization:** 57,408

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 1 **2015 NF PE RVU:** 0.25
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

CPT Action (if applicable): February 2010 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 84,419

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 5.82 **2015 NF PE RVU:** 4.78
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** February 2010 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 103,239

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 0.2 **2015 NF PE RVU:** 0.18
2007 Fac PE RVU 0.2 **201 Fac PE RVU:** 0.18

RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2013 Medicare Utilization:** 53,988

2007 Work RVU: 0.92 **2015 Work RVU:** 0.92
2007 NF PE RVU: 4.1 **2015 NF PE RVU:** 2.71
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Transthoracic Echocardiography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 39 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2013 Medicare Utilization:** 197,334

2007 Work RVU: 0.53 **2015 Work RVU:** 0.53
2007 NF PE RVU: 2.26 **2015 NF PE RVU:** 2.95
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.53

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2013 Medicare Utilization:** 357,522

2007 Work RVU: 0.38 **2015 Work RVU:** 0.38
2007 NF PE RVU: 1.82 **2015 NF PE RVU:** 1.14
2007 Fac PE RVU 1.82 **201 Fac PE RVU:** NA

RUC Recommendation: 0.38

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93321 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC

First Identified: October 2013 **2013 Medicare Utilization:** 127,832

2007 Work RVU: 0.15 **2015 Work RVU:** 0.15
2007 NF PE RVU: 1.04 **2015 NF PE RVU:** 0.61
2007 Fac PE RVU 1.04 **201 Fac PE RVU:** NA

RUC Recommendation: 0.15

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93325 **Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2013 Medicare Utilization:** 486,580

2007 Work RVU: 0.07 **2015 Work RVU:** 0.07
2007 NF PE RVU: 2.36 **2015 NF PE RVU:** 0.65
2007 Fac PE RVU 2.36 **201 Fac PE RVU:** NA

RUC Recommendation: 0.07

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Echo with ECG Monitoring **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC

First Identified: April 2008 **2013 Medicare Utilization:** 131,329

2007 Work RVU: 1.48 **2015 Work RVU:** 1.46
2007 NF PE RVU: 3.03 **2015 NF PE RVU:** 5.25
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.46; CPT Assistant article published

CPT Action (if applicable): October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Decrease

93451 **Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified: **2013 Medicare Utilization:** 30,951

2007 Work RVU: **2015 Work RVU:** 2.72
2007 NF PE RVU: **2015 NF PE RVU:** 18.93
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 3.02

CPT Action (if applicable): October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93452 **Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 8,350

2007 Work RVU: **2015 Work RVU:** 4.75
2007 NF PE RVU: **2015 NF PE RVU:** 19.38
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 4.32 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93453 **Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 4,336

2007 Work RVU: **2015 Work RVU:** 6.24
2007 NF PE RVU: **2015 NF PE RVU:** 24.77
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 5.98 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 84,888

2007 Work RVU: **2015 Work RVU:** 4.79
2007 NF PE RVU: **2015 NF PE RVU:** 19.62
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 4.95 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 24,221

2007 Work RVU: **2015 Work RVU:** 5.54
2007 NF PE RVU: **2015 NF PE RVU:** 22.88
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 6.15 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93456 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 12,168

2007 Work RVU: **2015 Work RVU:** 6.15
2007 NF PE RVU: **2015 NF PE RVU:** 24.36
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 2,879

2007 Work RVU: **2015 Work RVU:** 6.89
2007 NF PE RVU: **2015 NF PE RVU:** 27.58
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 7.66 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 534,839

2007 Work RVU: **2015 Work RVU:** 5.85
2007 NF PE RVU: **2015 NF PE RVU:** 23.40
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 6.51 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93459 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 120,360

2007 Work RVU: **2015 Work RVU:** 6.60
2007 NF PE RVU: **2015 NF PE RVU:** 25.69
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 7.34 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 94,492

2007 Work RVU: **2015 Work RVU:** 7.35
2007 NF PE RVU: **2015 NF PE RVU:** 27.25
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 7.88 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 18,847

2007 Work RVU: **2015 Work RVU:** 8.10
2007 NF PE RVU: **2015 NF PE RVU:** 31.50
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93462 **Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 3,752

2007 Work RVU: **2015 Work RVU:** 3.73
2007 NF PE RVU: **2015 NF PE RVU:** 1.47
2007 Fac PE RVU **201 Fac PE RVU:** 1.47

RUC Recommendation: 3.73 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 7,383

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.68
2007 Fac PE RVU **201 Fac PE RVU:** 0.68

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified:

2013 Medicare Utilization: 700

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2015 Work RVU: 1.80
2015 NF PE RVU: 5.88
201 Fac PE RVU: NA

RUC Recommendation: 1.80

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93501 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008

2013 Medicare Utilization:

2007 Work RVU: 0.00
2007 NF PE RVU: 0
2007 Fac PE RVU 0

2015 Work RVU:
2015 NF PE RVU:
201 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93508 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008

2013 Medicare Utilization:

2007 Work RVU: 0.00
2007 NF PE RVU: 0
2007 Fac PE RVU 0

2015 Work RVU:
2015 NF PE RVU:
201 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93510 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93511 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93514 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93524 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93526 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93527 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93528 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93529 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93539 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93540 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93541 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93542 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93543 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93544 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93545 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93556 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93563 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 190

2007 Work RVU: **2015 Work RVU:** 1.11
2007 NF PE RVU: **2015 NF PE RVU:** 0.38
2007 Fac PE RVU **201 Fac PE RVU:** 0.38

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93564 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 9

2007 Work RVU: **2015 Work RVU:** 1.13
2007 NF PE RVU: **2015 NF PE RVU:** 0.39
2007 Fac PE RVU **201 Fac PE RVU:** 0.39

RUC Recommendation: 2.10 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93565 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 210

2007 Work RVU: **2015 Work RVU:** 0.86
2007 NF PE RVU: **2015 NF PE RVU:** 0.31
2007 Fac PE RVU **201 Fac PE RVU:** 0.31

RUC Recommendation: 1.90 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93566 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 983

2007 Work RVU: **2015 Work RVU:** 0.86
2007 NF PE RVU: **2015 NF PE RVU:** 3.80
2007 Fac PE RVU **201 Fac PE RVU:** 0.29

RUC Recommendation: 0.96 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 48,591

2007 Work RVU: **2015 Work RVU:** 0.97
2007 NF PE RVU: **2015 NF PE RVU:** 2.83
2007 Fac PE RVU **201 Fac PE RVU:** 0.33

RUC Recommendation: 0.97 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Medicare Utilization:** 1,180

2007 Work RVU: **2015 Work RVU:** 0.88
2007 NF PE RVU: **2015 NF PE RVU:** 3.29
2007 Fac PE RVU **201 Fac PE RVU:** 0.30

RUC Recommendation: 0.98 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2013 Medicare Utilization:** 33,403

2007 Work RVU: 6.99 **2015 Work RVU:** 6.99
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **201 Fac PE RVU:** 2.90

RUC Recommendation: Review utilization September 2016, collect data under new bundled codes. **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 14,545

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **201 Fac PE RVU:** NA

RUC Recommendation: 11.57 **CPT Action (if applicable):** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Medicare Utilization:** 54,267

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B.

CPT Action (if applicable): February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 16.23 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 6.96 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2013 Medicare Utilization:**

2007 Work RVU: 17.65 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 7.58 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93653 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Medicare Utilization:** 28,141

2007 Work RVU: **2015 Work RVU:** 15.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 6.14

RUC Recommendation: 15.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93654 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Medicare Utilization:** 4,878

2007 Work RVU: **2015 Work RVU:** 20.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 8.12

RUC Recommendation: 20.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93655 **Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Medicare Utilization:** 9,679

2007 Work RVU: **2015 Work RVU:** 7.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.06

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93656 **Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Medicare Utilization:** 21,254

2007 Work RVU: **2015 Work RVU:** 20.02
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 8.24

RUC Recommendation: 20.02 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93657 **Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Medicare Utilization:** 12,394

2007 Work RVU: **2015 Work RVU:** 7.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 3.05

RUC Recommendation: 10.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electrocardiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:** 22,854

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **201 Fac PE RVU:** NA

RUC Recommendation: Maintain

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93701 **Bioimpedance-derived physiologic cardiovascular analysis**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Medicare Utilization:** 147,267

2007 Work RVU: 0.17 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.91 **2015 NF PE RVU:** 0.68
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93731 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.45 **2015 Work RVU:**
2007 NF PE RVU: 0.7 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93732 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.92 **2015 Work RVU:**
2007 NF PE RVU: 0.94 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93733 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2013 Medicare Utilization:**

2007 Work RVU: 0.17 **2015 Work RVU:**
2007 NF PE RVU: 0.83 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93743 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2013 Medicare Utilization:**

2007 Work RVU: 1.03 **2015 Work RVU:**
2007 NF PE RVU: 1.15 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93744 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2013 Medicare Utilization:**

2007 Work RVU: 1.18 **2015 Work RVU:**
2007 NF PE RVU: 1.19 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93875 **Deleted from CPT**

Global: XXX **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS

First Identified: February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.22 **2015 Work RVU:**
2007 NF PE RVU: 2.38 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of d

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93880 **Duplex scan of extracranial arteries; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 2,680,467

2007 Work RVU: 0.60 **2015 Work RVU:** 0.80
2007 NF PE RVU: 5.67 **2015 NF PE RVU:** 4.84
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT

93882 **Duplex scan of extracranial arteries; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** January 2012 **2013 Medicare Utilization:** 43,685

2007 Work RVU: 0.40 **2015 Work RVU:** 0.50
2007 NF PE RVU: 3.63 **2015 NF PE RVU:** 3.08
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93886 **Transcranial Doppler study of the intracranial arteries; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 72,417

2007 Work RVU: 0.94 **2015 Work RVU:** 0.91
2007 NF PE RVU: 6.77 **2015 NF PE RVU:** 7.15
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93888 **Transcranial Doppler study of the intracranial arteries; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 17,842

2007 Work RVU: 0.62 **2015 Work RVU:** 0.50
2007 NF PE RVU: 4.36 **2015 NF PE RVU:** 3.68
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** October 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93895 **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: XXX **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** April 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: Survey for April 2015 (with primary care surveying) **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2013 Medicare Utilization:** 642,865

2007 Work RVU: 0.25 **2015 Work RVU:** 0.25
2007 NF PE RVU: 2.78 **2015 NF PE RVU:** 2.25
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.25 **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93923 **Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2013 Medicare Utilization:** 538,216

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 4.18 **2015 NF PE RVU:** 3.42
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2013 Medicare Utilization:** 97,021

2007 Work RVU: 0.50 **2015 Work RVU:** 0.50
2007 NF PE RVU: 5.05 **2015 NF PE RVU:** 4.33
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93925 **Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2013 Medicare Utilization:** 594,578

2007 Work RVU: 0.58 **2015 Work RVU:** 0.80
2007 NF PE RVU: 7.05 **2015 NF PE RVU:** 6.49
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2013 Medicare Utilization:** 223,666

2007 Work RVU: 0.39 **2015 Work RVU:** 0.50
2007 NF PE RVU: 4.31 **2015 NF PE RVU:** 3.76
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93930 **Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2013 Medicare Utilization:** 21,574

2007 Work RVU: 0.46 **2015 Work RVU:** 0.80
2007 NF PE RVU: 5.54 **2015 NF PE RVU:** 5.04
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Medicare Utilization:** 41,233

2007 Work RVU: 0.31 **2015 Work RVU:** 0.50
2007 NF PE RVU: 3.64 **2015 NF PE RVU:** 3.12
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2013 Medicare Utilization:** 1,653,484

2007 Work RVU: 0.68 **2015 Work RVU:** 0.70
2007 NF PE RVU: 5.44 **2015 NF PE RVU:** 4.80
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** October 2010 **2013 Medicare Utilization:** 1,616,067

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 3.67 **2015 NF PE RVU:** 2.93
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93975 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** November 2013 **2013 Medicare Utilization:** 198,109

2007 Work RVU: 1.80 **2015 Work RVU:** 1.16
2007 NF PE RVU: 7.78 **2015 NF PE RVU:** 6.72
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93976 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Medicare Utilization:** 128,700

2007 Work RVU: 1.21 **2015 Work RVU:** 0.80
2007 NF PE RVU: 4.33 **2015 NF PE RVU:** 3.76
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93978 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Medicare Utilization:** 294,209

2007 Work RVU: 0.65 **2015 Work RVU:** 0.80
2007 NF PE RVU: 4.85 **2015 NF PE RVU:** 4.51
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.97 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93979 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:**

First Identified: October 2013 **2013 Medicare Utilization:** 64,334

2007 Work RVU: 0.44 **2015 Work RVU:** 0.50
2007 NF PE RVU: 3.46 **2015 NF PE RVU:** 2.85
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.70

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93990 **Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)**

Global: XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 40 **Specialty Developing Recommendation:** ACR, SVS

First Identified: October 2008 **2013 Medicare Utilization:** 96,021

2007 Work RVU: 0.25 **2015 Work RVU:** 0.50
2007 NF PE RVU: 4.28 **2015 NF PE RVU:** 3.96
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.60

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

94010 **Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Medicare Utilization:** 1,289,852

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.69 **2015 NF PE RVU:** 0.83
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Maintain

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2013 Medicare Utilization:** 827

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 0.77 **2015 NF PE RVU:** 1.03
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2013 Medicare Utilization:** 871

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.61 **2015 NF PE RVU:** 0.85
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94016 **Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: April 2008 **2013 Medicare Utilization:** 12,612

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 0.16 **2015 NF PE RVU:** 0.18
2007 Fac PE RVU 0.16 **201 Fac PE RVU:** 0.18

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 30 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: October 2010 **2013 Medicare Utilization:** 1,220,334

2007 Work RVU: 0.31 **2015 Work RVU:** 0.27
2007 NF PE RVU: 1.13 **2015 NF PE RVU:** 1.43
2007 Fac PE RVU 1.13 **201 Fac PE RVU:** NA

RUC Recommendation: 0.31 and CPT Assistant article published

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Maintain

94240 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.26 **2015 Work RVU:**
2007 NF PE RVU: 0.7 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

94260 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 / **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.13 **2015 Work RVU:**
2007 NF PE RVU: 0.63 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

94350 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.26 **2015 Work RVU:**
2007 NF PE RVU: 0.73 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94360 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.26 **2015 Work RVU:**
2007 NF PE RVU: 0.77 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.26 **2015 Work RVU:**
2007 NF PE RVU: 0.69 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94400 **Breathing response to CO2 (CO2 response curve)**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2013 Medicare Utilization:** 1,882

2007 Work RVU: 0.40 **2015 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2015 NF PE RVU:** 1.18
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Maintain

94450 **Breathing response to hypoxia (hypoxia response curve)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2013 Medicare Utilization:** 743

2007 Work RVU: 0.40 **2015 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2015 NF PE RVU:** 1.46
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2013 Medicare Utilization:** 650,359

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.32 **2015 NF PE RVU:** 0.51
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

94668 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2013 Medicare Utilization:** 14,177

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.46 **2015 NF PE RVU:** 0.80
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Maintain

94681 **Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2013 Medicare Utilization:** 16,126

2007 Work RVU: 0.20 **2015 Work RVU:** 0.20
2007 NF PE RVU: 2.16 **2015 NF PE RVU:** 1.29
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

94720 **Carbon monoxide diffusing capacity (eg, single breath, steady state)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.26 **2015 Work RVU:**
2007 NF PE RVU: 1.04 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

94725 **Membrane diffusion capacity**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.26 **2015 Work RVU:**
2007 NF PE RVU: 2.43 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Medicare Utilization:** 575,206

2007 Work RVU: **2015 Work RVU:** 0.26
2007 NF PE RVU: **2015 NF PE RVU:** 1.21
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

94727 **Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Medicare Utilization:** 347,839

2007 Work RVU: **2015 Work RVU:** 0.26
2007 NF PE RVU: **2015 NF PE RVU:** 0.91
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94728 **Airway resistance by impulse oscillometry**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2013 Medicare Utilization:** 14,552

2007 Work RVU: **2015 Work RVU:** 0.26
2007 NF PE RVU: **2015 NF PE RVU:** 0.83
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.31

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2013 Medicare Utilization:** 968,040

2007 Work RVU: **2015 Work RVU:** 0.19
2007 NF PE RVU: **2015 NF PE RVU:** 1.33
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.19

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

94760 **Noninvasive ear or pulse oximetry for oxygen saturation; single determination**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: NA **2013 Medicare Utilization:** 72,829

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.05 **2015 NF PE RVU:** 0.08
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

94761 **Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: NA **2013 Medicare Utilization:** 10,976

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.08 **2015 NF PE RVU:** 0.13
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

94762 **Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: October 2008 **2013 Medicare Utilization:** 380,368

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.56 **2015 NF PE RVU:** 0.68
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

94770 **Carbon dioxide, expired gas determination by infrared analyzer**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 57 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2013 Medicare Utilization:** 7,939

2007 Work RVU: 0.15 **2015 Work RVU:** 0.15
2007 NF PE RVU: 0.76 **2015 NF PE RVU:** NA
2007 Fac PE RVU NA **201 Fac PE RVU:** 0.05

RUC Recommendation: Refer to CPT Assistant. Remove office-based PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Medicare Utilization:** 9,080,665

2007 Work RVU: 0.00 **2015 Work RVU:** 0.01
2007 NF PE RVU: 0.12 **2015 NF PE RVU:** 0.16
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.01 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95010 **Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.15 **2015 Work RVU:**
2007 NF PE RVU: 0.31 **2015 NF PE RVU:**
2007 Fac PE RVU 0.06 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.15 **2015 Work RVU:**
2007 NF PE RVU: 0.16 **2015 NF PE RVU:**
2007 Fac PE RVU 0.06 **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2013 Medicare Utilization:** 25,275

2007 Work RVU: **2015 Work RVU:** 0.07
2007 NF PE RVU: **2015 NF PE RVU:** 0.14
2007 Fac PE RVU **201 Fac PE RVU:** 0.02

RUC Recommendation: 0.07 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2013 Medicare Utilization:** 58,755

2007 Work RVU: **2015 Work RVU:** 0.14
2007 NF PE RVU: **2015 NF PE RVU:** 0.38
2007 Fac PE RVU **201 Fac PE RVU:** 0.05

RUC Recommendation: 0.14 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2013 Medicare Utilization:** 1,748,073

2007 Work RVU: 0.00 **2015 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2015 NF PE RVU:** 0.20
2007 Fac PE RVU NA **201 Fac PE RVU:** 0.01

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Medicare Utilization:** 234,388

2007 Work RVU: 0.00 **2015 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2015 NF PE RVU:** 0.11
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.01 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95115 **Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2013 Medicare Utilization:** 1,147,361

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.35 **2015 NF PE RVU:** 0.24
2007 Fac PE RVU 0.29 **201 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95117 **Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2013 Medicare Utilization:** 2,312,685

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.44 **2015 NF PE RVU:** 0.28
2007 Fac PE RVU 0.38 **201 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Medicare Utilization:** 179,598

2007 Work RVU: 0.06 **2015 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2015 NF PE RVU:** 0.28
2007 Fac PE RVU 0.02 **201 Fac PE RVU:** 0.02

RUC Recommendation: 0.06 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Medicare Utilization:** 15,433

2007 Work RVU: 0.06 **2015 Work RVU:** 0.06
2007 NF PE RVU: 0.67 **2015 NF PE RVU:** 1.41
2007 Fac PE RVU 0.03 **201 Fac PE RVU:** 0.02

RUC Recommendation: 0.06 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Medicare Utilization:** 6,080,427

2007 Work RVU: 0.06 **2015 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2015 NF PE RVU:** 0.29
2007 Fac PE RVU 0.02 **201 Fac PE RVU:** 0.02

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95250 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 07 **Specialty Developing Recommendation:** AACE, TES **First Identified:** October 2013 **2013 Medicare Utilization:** 27,679

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 3.95 **2015 NF PE RVU:** 4.42
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Referred to CPT **CPT Action (if applicable):** CPT 2017 Cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

95251 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 07 **Specialty Developing Recommendation:** AACE, TES **First Identified:** April 2013 **2013 Medicare Utilization:** 31,408

2007 Work RVU: 0.85 **2015 Work RVU:** 0.85
2007 NF PE RVU: 0.21 **2015 NF PE RVU:** 0.33
2007 Fac PE RVU 0.21 **201 Fac PE RVU:** 0.33

RUC Recommendation: Referred to CPT **CPT Action (if applicable):** CPT 2017 Cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Medicare Utilization:** 7,602

2007 Work RVU: **2015 Work RVU:** 1.05
2007 NF PE RVU: **2015 NF PE RVU:** 3.97
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.05 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Medicare Utilization:** 179

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 1.54
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95803 **Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** NA **2013 Medicare Utilization:** 640

2007 Work RVU: **2015 Work RVU:** 0.90
2007 NF PE RVU: **2015 NF PE RVU:** 3.05
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.90 and New PE inputs **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95805 **Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Medicare Utilization:** 5,387

2007 Work RVU: 1.88 **2015 Work RVU:** 1.20
2007 NF PE RVU: 14.7 **2015 NF PE RVU:** 10.52
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.20 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95806 **Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Medicare Utilization:** 18,267

2007 Work RVU: 1.66 **2015 Work RVU:** 1.25
2007 NF PE RVU: 3.46 **2015 NF PE RVU:** 3.44
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.28 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95807 **Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Medicare Utilization:** 5,385

2007 Work RVU: 1.66 **2015 Work RVU:** 1.28
2007 NF PE RVU: 11.82 **2015 NF PE RVU:** 11.82
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.25 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Medicare Utilization:** 970

2007 Work RVU: 2.65 **2015 Work RVU:** 1.74
2007 NF PE RVU: 13.79 **2015 NF PE RVU:** 15.12
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.74 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Medicare Utilization:** 306,589

2007 Work RVU: 3.52 **2015 Work RVU:** 2.50
2007 NF PE RVU: 17.54 **2015 NF PE RVU:** 14.82
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 2.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Medicare Utilization:** 357,330

2007 Work RVU: 3.79 **2015 Work RVU:** 2.60
2007 NF PE RVU: 19.32 **2015 NF PE RVU:** 15.59
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 2.60 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95816 **Electroencephalogram (EEG); including recording awake and drowsy**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Medicare Utilization:** 290,078

2007 Work RVU: 1.08 **2015 Work RVU:** 1.08
2007 NF PE RVU: 4.1 **2015 NF PE RVU:** 8.96
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.08 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95819 **Electroencephalogram (EEG); including recording awake and asleep**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** September 2011 **2013 Medicare Utilization:** 271,350

2007 Work RVU: 1.08 **2015 Work RVU:** 1.08
2007 NF PE RVU: 3.76 **2015 NF PE RVU:** 10.37
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.08 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95822 **Electroencephalogram (EEG); recording in coma or sleep only**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** January 2012 **2013 Medicare Utilization:** 24,723

2007 Work RVU: 1.08 **2015 Work RVU:** 1.08
2007 NF PE RVU: 4.82 **2015 NF PE RVU:** 9.27
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.08 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2009 **2013 Medicare Utilization:** 7,644

2007 Work RVU: 0.96 **2015 Work RVU:** 0.96
2007 NF PE RVU: 1.36 **2015 NF PE RVU:** 2.46
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.96 **CPT Action (if applicable):** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2013 Medicare Utilization:** 35,941

2007 Work RVU: 1.54 **2015 Work RVU:** 1.54
2007 NF PE RVU: 1.48 **2015 NF PE RVU:** 3.25
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.54 **CPT Action (if applicable):** February 2011 & October 2011 & February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95863 **Needle electromyography; 3 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2013 Medicare Utilization:** 615

2007 Work RVU: 1.87 **2015 Work RVU:** 1.87
2007 NF PE RVU: 1.79 **2015 NF PE RVU:** 4.04
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.87 **CPT Action (if applicable):** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95864 **Needle electromyography; 4 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2013 Medicare Utilization:** 1,430

2007 Work RVU: 1.99 **2015 Work RVU:** 1.99
2007 NF PE RVU: 2.53 **2015 NF PE RVU:** 4.74
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.99 **CPT Action (if applicable):** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95867 **Needle electromyography; cranial nerve supplied muscle(s), unilateral** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Medicare Utilization:** 1,990

2007 Work RVU: 0.79 **2015 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2015 NF PE RVU:** 1.80
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.79 **CPT Action (if applicable):** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Medicare Utilization:** 1,912

2007 Work RVU: 1.18 **2015 Work RVU:** 1.18
2007 NF PE RVU: 1.26 **2015 NF PE RVU:** 2.48
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.18 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Medicare Utilization:** 853

2007 Work RVU: 0.37 **2015 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2015 NF PE RVU:** 1.90
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95870 **Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Medicare Utilization:** 41,051

2007 Work RVU: 0.37 **2015 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2015 NF PE RVU:** 2.10
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95885 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2013 Medicare Utilization:** 145,171

2007 Work RVU: **2015 Work RVU:** 0.35
2007 NF PE RVU: **2015 NF PE RVU:** 1.28
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.35 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2013 Medicare Utilization:** 933,563

2007 Work RVU: **2015 Work RVU:** 0.86
2007 NF PE RVU: **2015 NF PE RVU:** 1.67
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.92 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2013 Medicare Utilization:** 10,469

2007 Work RVU: **2015 Work RVU:** 0.71
2007 NF PE RVU: **2015 NF PE RVU:** 1.55
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.73 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95900 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** MPC List / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.42 **2015 Work RVU:**
2007 NF PE RVU: 1.18 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011& February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** September 2011 **2013 Medicare Utilization:**

2007 Work RVU: 0.60 **2015 Work RVU:**
2007 NF PE RVU: 1.15 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2013 Medicare Utilization:**

2007 Work RVU: 0.34 **2015 Work RVU:**
2007 NF PE RVU: 1.03 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95907 **Nerve conduction studies; 1-2 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: **2013 Medicare Utilization:** 16,092

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 1.69
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.00

CPT Action (if applicable): February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95908 **Nerve conduction studies; 3-4 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: **2013 Medicare Utilization:** 84,196

2007 Work RVU: **2015 Work RVU:** 1.25
2007 NF PE RVU: **2015 NF PE RVU:** 2.21
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.37

CPT Action (if applicable): February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: **2013 Medicare Utilization:** 165,609

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 2.60
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.77

CPT Action (if applicable): February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95910 **Nerve conduction studies; 7-8 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: **2013 Medicare Utilization:** 176,025

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** 3.44
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 2.80

CPT Action (if applicable): February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95911 **Nerve conduction studies; 9-10 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: **2013 Medicare Utilization:** 189,058

2007 Work RVU: **2015 Work RVU:** 2.50
2007 NF PE RVU: **2015 NF PE RVU:** 3.97
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 3.34

CPT Action (if applicable): February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: **2013 Medicare Utilization:** 102,473

2007 Work RVU: **2015 Work RVU:** 3.00
2007 NF PE RVU: **2015 NF PE RVU:** 4.20
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 4.00

CPT Action (if applicable): February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95913 **Nerve conduction studies; 13 or more studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Medicare Utilization:** 110,361

2007 Work RVU: **2015 Work RVU:** 3.56
2007 NF PE RVU: **2015 NF PE RVU:** 4.60
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 4.20 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** October 2009 **2013 Medicare Utilization:** 85,416

2007 Work RVU: 0.90 **2015 Work RVU:** 0.90
2007 NF PE RVU: 0.82 **2015 NF PE RVU:** 1.53
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** February 2008 **2013 Medicare Utilization:** 74,351

2007 Work RVU: 0.96 **2015 Work RVU:** 0.96
2007 NF PE RVU: 1 **2015 NF PE RVU:** 1.83
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.96 **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008

Status Report: CMS Requests and Relativity Assessment Issues

95923 **Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2013 Medicare Utilization:** 56,325

2007 Work RVU: 0.90 **2015 Work RVU:** 0.90
2007 NF PE RVU: 1.99 **2015 NF PE RVU:** 4.46
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2013 Medicare Utilization:** 9,899

2007 Work RVU: **2015 Work RVU:** 1.73
2007 NF PE RVU: **2015 NF PE RVU:** 2.52
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 1.73 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95925 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2013 Medicare Utilization:** 10,412

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 1.63 **2015 NF PE RVU:** 3.84
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95926 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2013 Medicare Utilization:** 16,797

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 1.59 **2015 NF PE RVU:** 3.48
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95928 **Central motor evoked potential study (transcranial motor stimulation); upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2013 Medicare Utilization:** 555

2007 Work RVU: 1.50 **2015 Work RVU:** 1.50
2007 NF PE RVU: 3.25 **2015 NF PE RVU:** 5.71
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95929 **Central motor evoked potential study (transcranial motor stimulation); lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2013 Medicare Utilization:** 1,135

2007 Work RVU: 1.50 **2015 Work RVU:** 1.50
2007 NF PE RVU: 3.48 **2015 NF PE RVU:** 5.75
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95934 **H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 0.51 **2015 Work RVU:**
2007 NF PE RVU: 0.55 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: 0.55 **2015 Work RVU:**
2007 NF PE RVU: 0.49 **2015 NF PE RVU:**
2007 Fac PE RVU NA **201 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2013 Medicare Utilization:** 53,074

2007 Work RVU: **2015 Work RVU:** 0.86
2007 NF PE RVU: **2015 NF PE RVU:** 8.70
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.86 and new PE inputs **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95939 **Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2013 Medicare Utilization:** 21,121

2007 Work RVU: **2015 Work RVU:** 2.25
2007 NF PE RVU: **2015 NF PE RVU:** 11.73
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 2.25 and new PE inputs **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95940 **Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** **2013 Medicare Utilization:** 29,085

2007 Work RVU: **2015 Work RVU:** 0.60
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **201 Fac PE RVU:** 0.28

RUC Recommendation: 0.60 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95941 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 2.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95943 **Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2013 Medicare Utilization:** 11,798

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: Carrier Price **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95950 **Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2013 Medicare Utilization:** 1,185

2007 Work RVU: 1.51 **2015 Work RVU:** 1.51
2007 NF PE RVU: 4.18 **2015 NF PE RVU:** 7.66
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.51 and new PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95953 **Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2013 Medicare Utilization:** 24,253

2007 Work RVU: 3.30 **2015 Work RVU:** 3.08
2007 NF PE RVU: 7.52 **2015 NF PE RVU:** 8.53
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 3.08 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95954 **Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)**

Global: XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2008 **2013 Medicare Utilization:** 2,180

2007 Work RVU: 2.45 **2015 Work RVU:** 2.45
2007 NF PE RVU: 4.38 **2015 NF PE RVU:** 10.33
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

95956 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** October 2008 **2013 Medicare Utilization:** 5,899

2007 Work RVU: 3.08 **2015 Work RVU:** 3.61
2007 NF PE RVU: 15.47 **2015 NF PE RVU:** 43.04
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 3.61. CPT Assistant article published **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Status Report: CMS Requests and Relativity Assessment Issues

95970 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming**

Global: XXX **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR **First Identified:** February 2010 **2013 Medicare Utilization:** 28,710

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.86 **2015 NF PE RVU:** 1.40
2007 Fac PE RVU 0.14 **201 Fac PE RVU:** 0.19

RUC Recommendation: 0.45 **CPT Action (if applicable):** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95971 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming**

Global: XXX **Issue:** Electronic analysis of implanted neurostimulator pulse generator system **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 32 **Specialty Developing Recommendation:** AAPM, ACOG, ASA, AUA, ISIS, NASS **First Identified:** October 2009 **2013 Medicare Utilization:** 11,947

2007 Work RVU: 0.78 **2015 Work RVU:** 0.78
2007 NF PE RVU: 0.66 **2015 NF PE RVU:** 0.78
2007 Fac PE RVU 0.22 **201 Fac PE RVU:** 0.31

RUC Recommendation: 0.78 and Refer to CPT. **CPT Action (if applicable):** February 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95972 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, up to 1 hour**

Global: XXX **Issue:** Electronic analysis of implanted neurostimulator pulse generator system **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 32 **Specialty Developing Recommendation:** AAPM, ACOG, ASA, AUA, ISIS, NASS **First Identified:** February 2010 **2013 Medicare Utilization:** 63,547

2007 Work RVU: 1.50 **2015 Work RVU:** 0.80
2007 NF PE RVU: 1.21 **2015 NF PE RVU:** 0.69
2007 Fac PE RVU 0.48 **201 Fac PE RVU:** 0.31

RUC Recommendation: 0.90 and Refer to CPT **CPT Action (if applicable):** May 2014 February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95973 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR **First Identified:** February 2010 **2013 Medicare Utilization:** 1,896

2007 Work RVU: 0.92 **2015 Work RVU:** 0.49
2007 NF PE RVU: 0.61 **2015 NF PE RVU:** 0.61
2007 Fac PE RVU 0.32 **201 Fac PE RVU:** 0.21

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95990 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2013 Medicare Utilization:** 6,752

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 1.53 **2015 NF PE RVU:** 2.51
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.00 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95991 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2013 Medicare Utilization:** 15,100

2007 Work RVU: 0.77 **2015 Work RVU:** 0.77
2007 NF PE RVU: 1.53 **2015 NF PE RVU:** 2.59
2007 Fac PE RVU NA **201 Fac PE RVU:** 0.30

RUC Recommendation: 0.77 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96103 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAN APA (Psychology) **First Identified:** April 2013 **2013 Medicare Utilization:** 92,535

2007 Work RVU: 0.51 **2015 Work RVU:** 0.51
2007 NF PE RVU: 0.49 **2015 NF PE RVU:** 0.23
2007 Fac PE RVU 0.15 **201 Fac PE RVU:** 0.21

RUC Recommendation: Maintain **CPT Action (if applicable):** October 2013 & February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Assessment of Aphasia **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 33 **Specialty Developing Recommendation:** ASHA, AAN **First Identified:** **2013 Medicare Utilization:** 366

2007 Work RVU: 0.00 **2015 Work RVU:** 1.75
2007 NF PE RVU: 1.83 **2015 NF PE RVU:** 1.11
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAN APA (Psychology) **First Identified:** April 2013 **2013 Medicare Utilization:** 29,953

2007 Work RVU: 0.51 **2015 Work RVU:** 0.51
2007 NF PE RVU: 1.04 **2015 NF PE RVU:** 0.81
2007 Fac PE RVU 0.15 **201 Fac PE RVU:** 0.19

RUC Recommendation: Maintain **CPT Action (if applicable):** October 2013 & February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96365 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour**

Global: XXX **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2013 Medicare Utilization:** 1,278,887

2007 Work RVU: **2015 Work RVU:** 0.21
2007 NF PE RVU: **2015 NF PE RVU:** 1.71
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.21 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** **2013 Medicare Utilization:** 635,660

2007 Work RVU: **2015 Work RVU:** 0.18
2007 NF PE RVU: **2015 NF PE RVU:** 0.34
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2013 Medicare Utilization:** 1,886,236

2007 Work RVU: **2015 Work RVU:** 0.19
2007 NF PE RVU: **2015 NF PE RVU:** 0.65
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.19 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** **2013 Medicare Utilization:** 168,615

2007 Work RVU: **2015 Work RVU:** 0.17
2007 NF PE RVU: **2015 NF PE RVU:** 0.40
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96372 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

Global: XXX **Issue:** **Screen:** Different Performing Specialty from Survey2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Medicare Utilization:** 9,479,391

2007 Work RVU: **2015 Work RVU:** 0.17
2007 NF PE RVU: **2015 NF PE RVU:** 0.53
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

96405 **Chemotherapy administration; intralesional, up to and including 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO

First Identified: NA **2013 Medicare Utilization:** 2,277

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 2.71 **2015 NF PE RVU:** 1.76
2007 Fac PE RVU 0.24 **201 Fac PE RVU:** 0.30

RUC Recommendation: New PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96406 **Chemotherapy administration; intralesional, more than 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO

First Identified: NA **2013 Medicare Utilization:** 314

2007 Work RVU: 0.80 **2015 Work RVU:** 0.80
2007 NF PE RVU: 3.08 **2015 NF PE RVU:** 2.50
2007 Fac PE RVU 0.29 **201 Fac PE RVU:** 0.47

RUC Recommendation: New PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

96413 **Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2013 Medicare Utilization:** 2,010,275

2007 Work RVU: 0.28 **2015 Work RVU:** 0.28
2007 NF PE RVU: 4.05 **2015 NF PE RVU:** 3.45
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.28 and new PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96415 **Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2013 Medicare Utilization:** 1,137,097

2007 Work RVU: 0.19 **2015 Work RVU:** 0.19
2007 NF PE RVU: 0.74 **2015 NF PE RVU:** 0.59
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.19 and new PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96416 **Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2013 Medicare Utilization:** 116,187

2007 Work RVU: 0.21 **2015 Work RVU:** 0.21
2007 NF PE RVU: 4.47 **2015 NF PE RVU:** 3.66
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

96417 **Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2013 Medicare Utilization:** 504,480

2007 Work RVU: 0.21 **2015 Work RVU:** 0.21
2007 NF PE RVU: 1.89 **2015 NF PE RVU:** 1.52
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.21 and new PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96440 **Chemotherapy administration into pleural cavity, requiring and including thoracentesis**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** **First Identified:** NA **2013 Medicare Utilization:** 49

2007 Work RVU: 2.37 **2015 Work RVU:** 2.37
2007 NF PE RVU: 7.48 **2015 NF PE RVU:** 21.29
2007 Fac PE RVU 1.17 **201 Fac PE RVU:** 1.08

RUC Recommendation: New PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96567 **Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2013 Medicare Utilization:** 119,132

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 2.4 **2015 NF PE RVU:** 3.78
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

96920 **Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2013 Medicare Utilization:** 75,126

2007 Work RVU: 1.15 **2015 Work RVU:** 1.15
2007 NF PE RVU: 2.8 **2015 NF PE RVU:** 3.18
2007 Fac PE RVU 0.57 **201 Fac PE RVU:** 0.70

RUC Recommendation: 1.15 and develop CPT Assistant article.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Result: Maintain

96921 **Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2013 Medicare Utilization:** 22,438

2007 Work RVU: 1.17 **2015 Work RVU:** 1.30
2007 NF PE RVU: 2.82 **2015 NF PE RVU:** 3.48
2007 Fac PE RVU 0.57 **201 Fac PE RVU:** 0.79

RUC Recommendation: 1.30 and develop CPT Assistant article.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Result: Increase

96922 **Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2013 Medicare Utilization:** 13,454

2007 Work RVU: 2.10 **2015 Work RVU:** 2.10
2007 NF PE RVU: 3.77 **2015 NF PE RVU:** 4.49
2007 Fac PE RVU 0.73 **201 Fac PE RVU:** 1.27

RUC Recommendation: 2.10 and develop CPT Assistant article.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Result: Maintain

97001 **Physical therapy evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Medicare Utilization:** 2,255,541

2007 Work RVU: 1.20 **2015 Work RVU:** 1.20
2007 NF PE RVU: 0.73 **2015 NF PE RVU:** 0.87
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

97002 **Physical therapy re-evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:** 477,827

2007 Work RVU: 0.60 **2015 Work RVU:** 0.60
2007 NF PE RVU: 0.43 **2015 NF PE RVU:** 0.56
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97003 **Occupational therapy evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:** 173,201

2007 Work RVU: 1.20 **2015 Work RVU:** 1.20
2007 NF PE RVU: 0.86 **2015 NF PE RVU:** 1.14
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97004 **Occupational therapy re-evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:** 27,645

2007 Work RVU: 0.60 **2015 Work RVU:** 0.60
2007 NF PE RVU: 0.64 **2015 NF PE RVU:** 0.86
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97005 **Athletic training evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **201 Fac PE RVU:** 0.00

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97006 **Athletic training re-evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **201 Fac PE RVU:** 0.00

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97016 **Application of a modality to 1 or more areas; vasopneumatic devices**

Global: XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R

First Identified: February 2010 **2013 Medicare Utilization:** 393,061

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.2 **2015 NF PE RVU:** 0.35
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): CPT 2017 cycle **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97018 **Application of a modality to 1 or more areas; paraffin bath**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R

First Identified: February 2010 **2013 Medicare Utilization:** 115,662

2007 Work RVU: 0.06 **2015 Work RVU:** 0.06
2007 NF PE RVU: 0.12 **2015 NF PE RVU:** 0.24
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Maintain

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Medicare Utilization:** 3,169,853

2007 Work RVU: 0.21 **2015 Work RVU:** 0.21
2007 NF PE RVU: 0.1 **2015 NF PE RVU:** 0.14
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R

First Identified: February 2010 **2013 Medicare Utilization:** 42,721,867

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2015 NF PE RVU:** 0.44
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Maintain

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97112 **Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Medicare Utilization:** 7,475,359

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.32 **2015 NF PE RVU:** 0.48
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): CPT 2017 cycle
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

97116 **Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2013 Medicare Utilization:** 1,590,867

2007 Work RVU: 0.40 **2015 Work RVU:** 0.40
2007 NF PE RVU: 0.25 **2015 NF PE RVU:** 0.39
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Medicare Utilization:** 19,381,075

2007 Work RVU: 0.43 **2015 Work RVU:** 0.43
2007 NF PE RVU: 0.26 **2015 NF PE RVU:** 0.40
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2017 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97150 **Therapeutic procedure(s), group (2 or more individuals)**

Global: XXX **Issue:** Group Therapeutic Procedure **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 32 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2011 **2013 Medicare Utilization:** 757,602

2007 Work RVU: 0.27 **2015 Work RVU:** 0.29
2007 NF PE RVU: 0.19 **2015 NF PE RVU:** 0.19
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: 0.29 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97161X

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97162X

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97163X

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97164X

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97165X

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97166X

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97167X

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97168X

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97169X

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97170X

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97171X

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97172X

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: February 2015 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97530 **Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Medicare Utilization:** 7,304,898

2007 Work RVU: 0.44 **2015 Work RVU:** 0.44
2007 NF PE RVU: 0.34 **2015 NF PE RVU:** 0.53
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): CPT 2017 cycle
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

97532 **Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Medicare Utilization:** 205,481

2007 Work RVU: 0.44 **2015 Work RVU:** 0.44
2007 NF PE RVU: 0.21 **2015 NF PE RVU:** 0.30
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): CPT 2017 cycle
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

97535 **Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACP, APTA, AOTA, ACCP, ATS

First Identified: October 2012 **2013 Medicare Utilization:** 900,283

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.34 **2015 NF PE RVU:** 0.52
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Article no longer ne

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

97542 **Wheelchair management (eg, assessment, fitting, training), each 15 minutes** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Medicare Utilization:** 29,860

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2015 NF PE RVU:** 0.40
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2017 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less** **Global:** 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 04 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2013 Medicare Utilization:** 1,100,841

2007 Work RVU: 0.58 **2015 Work RVU:** 0.51
2007 NF PE RVU: 0.77 **2015 NF PE RVU:** 1.60
2007 Fac PE RVU 0.53 **201 Fac PE RVU:** 0.13

RUC Recommendation: 0.54 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97598 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 04 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2013 Medicare Utilization:** 104,491

2007 Work RVU: 0.80 **2015 Work RVU:** 0.24
2007 NF PE RVU: 0.91 **2015 NF PE RVU:** 0.44
2007 Fac PE RVU 0.64 **201 Fac PE RVU:** 0.06

RUC Recommendation: 0.40 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2013 Medicare Utilization:** 44,575

2007 Work RVU: 0.55 **2015 Work RVU:** 0.55
2007 NF PE RVU: 0.36 **2015 NF PE RVU:** 0.59
2007 Fac PE RVU 0.2 **201 Fac PE RVU:** 0.14

RUC Recommendation: 0.55 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2013 Medicare Utilization:** 12,656

2007 Work RVU: 0.60 **2015 Work RVU:** 0.60
2007 NF PE RVU: 0.37 **2015 NF PE RVU:** 0.75
2007 Fac PE RVU 0.21 **201 Fac PE RVU:** 0.15

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97607 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 0.11 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97608 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: 0.46 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**

Global: XXX **Issue:** Assistive Technology Assessment **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** February 2008 **2013 Medicare Utilization:** 2,715

2007 Work RVU: 0.62 **2015 Work RVU:** 0.62
2007 NF PE RVU: 0.28 **2015 NF PE RVU:** 0.37
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

97802 **Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2013 Medicare Utilization:** 212,584

2007 Work RVU: 0.45 **2015 Work RVU:** 0.53
2007 NF PE RVU: 0.39 **2015 NF PE RVU:** 0.43
2007 Fac PE RVU 0.38 **201 Fac PE RVU:** 0.37

RUC Recommendation: 0.53 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2013 Medicare Utilization:** 173,694

2007 Work RVU: 0.37 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2015 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **201 Fac PE RVU:** 0.31

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98925 **Osteopathic manipulative treatment (OMT); 1-2 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2013 Medicare Utilization:** 76,587

2007 Work RVU: 0.45 **2015 Work RVU:** 0.46
2007 NF PE RVU: 0.31 **2015 NF PE RVU:** 0.40
2007 Fac PE RVU 0.14 **201 Fac PE RVU:** 0.19

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98926 **Osteopathic manipulative treatment (OMT); 3-4 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2013 Medicare Utilization:** 113,532

2007 Work RVU: 0.65 **2015 Work RVU:** 0.71
2007 NF PE RVU: 0.4 **2015 NF PE RVU:** 0.54
2007 Fac PE RVU 0.23 **201 Fac PE RVU:** 0.27

RUC Recommendation: 0.75 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98927 **Osteopathic manipulative treatment (OMT); 5-6 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2013 Medicare Utilization:** 99,022

2007 Work RVU: 0.87 **2015 Work RVU:** 0.96
2007 NF PE RVU: 0.49 **2015 NF PE RVU:** 0.67
2007 Fac PE RVU 0.28 **201 Fac PE RVU:** 0.34

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98928 **Osteopathic manipulative treatment (OMT); 7-8 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2013 Medicare Utilization:** 92,660

2007 Work RVU: 1.03 **2015 Work RVU:** 1.21
2007 NF PE RVU: 0.57 **2015 NF PE RVU:** 0.79
2007 Fac PE RVU 0.32 **201 Fac PE RVU:** 0.43

RUC Recommendation: 1.25

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2013 Medicare Utilization:** 63,992

2007 Work RVU: 1.19 **2015 Work RVU:** 1.46
2007 NF PE RVU: 0.65 **2015 NF PE RVU:** 0.93
2007 Fac PE RVU 0.35 **201 Fac PE RVU:** 0.51

RUC Recommendation: 1.50

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98940 **Chiropractic manipulative treatment (CMT); spinal, 1-2 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2013 Medicare Utilization:** 6,695,727

2007 Work RVU: 0.45 **2015 Work RVU:** 0.46
2007 NF PE RVU: 0.23 **2015 NF PE RVU:** 0.32
2007 Fac PE RVU 0.12 **201 Fac PE RVU:** 0.16

RUC Recommendation: 0.46

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98941 **Chiropractic manipulative treatment (CMT); spinal, 3-4 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2013 Medicare Utilization:** 13,118,549

2007 Work RVU: 0.65 **2015 Work RVU:** 0.71
2007 NF PE RVU: 0.29 **2015 NF PE RVU:** 0.42
2007 Fac PE RVU 0.17 **201 Fac PE RVU:** 0.25

RUC Recommendation: 0.71

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98942 **Chiropractic manipulative treatment (CMT); spinal, 5 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2013 Medicare Utilization:** 1,514,119

2007 Work RVU: 0.87 **2015 Work RVU:** 0.96
2007 NF PE RVU: 0.36 **2015 NF PE RVU:** 0.51
2007 Fac PE RVU 0.23 **201 Fac PE RVU:** 0.33

RUC Recommendation: 0.96

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98943 **Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions**

Global: XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2013 Medicare Utilization:**

2007 Work RVU: 0.40 **2015 Work RVU:** 0.46
2007 NF PE RVU: 0.22 **2015 NF PE RVU:** 0.28
2007 Fac PE RVU 0.14 **201 Fac PE RVU:** 0.18

RUC Recommendation: 0.46

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

99174 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:** AAP, AAO

First Identified: NA **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: PE Only

CPT Action (if applicable): May 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

99176X

Global: **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:**

First Identified: May 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: PE Only

CPT Action (if applicable): May 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

99183 **Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**

Global: XXX **Issue:** Hyperbaric Oxygen Therapy **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 33 **Specialty Developing Recommendation:** ACEP, ACP, ACS, APMA **First Identified:** April 2013 **2013 Medicare Utilization:** 595,301

2007 Work RVU: 2.34 **2015 Work RVU:** 2.11
2007 NF PE RVU: 3.08 **2015 NF PE RVU:** 0.78
2007 Fac PE RVU 0.69 **201 Fac PE RVU:** 0.78

RUC Recommendation: 2.11 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

99497 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate**

Global: XXX **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: Review in 3 years and refer to CPT Assistant **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

99498 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2013 Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **201 Fac PE RVU:** 0.00

RUC Recommendation: Review in 3 years and refer to CPT Assistant **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0101 **Cervical or vaginal cancer screening; pelvic and clinical breast examination**

Global: XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Medicare Utilization:** 1,094,316

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.51 **2015 NF PE RVU:** 0.58
2007 Fac PE RVU NA **201 Fac PE RVU:** 0.29

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0104 **Colorectal cancer screening; flexible sigmoidoscopy**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2013 Medicare Utilization:** 2,119

2007 Work RVU: 0.96 **2015 Work RVU:** 0.96
2007 NF PE RVU: 2.33 **2015 NF PE RVU:** 2.80
2007 Fac PE RVU 0.53 **201 Fac PE RVU:** 0.72

RUC Recommendation: 0.84 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0105 **Colorectal cancer screening; colonoscopy on individual at high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 243,900

2007 Work RVU: 3.69 **2015 Work RVU:** 3.36
2007 NF PE RVU: 6.2 **2015 NF PE RVU:** 6.81
2007 Fac PE RVU 1.57 **201 Fac PE RVU:** 1.94

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0121 **Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Medicare Utilization:** 248,397

2007 Work RVU: 3.69 **2015 Work RVU:** 3.36
2007 NF PE RVU: 6.2 **2015 NF PE RVU:** 6.81
2007 Fac PE RVU 1.57 **201 Fac PE RVU:** 1.94

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0127 **Trimming of dystrophic nails, any number**

Global: 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA **First Identified:** April 2011 **2013 Medicare Utilization:** 809,970

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2015 NF PE RVU:** 0.47
2007 Fac PE RVU 0.07 **201 Fac PE RVU:** 0.04

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0179 **Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** AAFP, ACP, AAHCP **First Identified:** October 2008 **2013 Medicare Utilization:** 1,209,884

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.89 **2015 NF PE RVU:** 0.68
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0180 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** AAFP, ACP, AAHCP **First Identified:** October 2008 **2013 Medicare Utilization:** 1,371,425

2007 Work RVU: 0.67 **2015 Work RVU:** 0.67
2007 NF PE RVU: 1.09 **2015 NF PE RVU:** 0.79
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0181 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** October 2008 **2013 Medicare Utilization:** 429,385

2007 Work RVU: 1.73 **2015 Work RVU:** 1.73
2007 NF PE RVU: 1.32 **2015 NF PE RVU:** 1.19
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0202 **Screening mammography, producing direct digital image, bilateral, all views**

Global: XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2013 Medicare Utilization:** 5,641,161

2007 Work RVU: 0.70 **2015 Work RVU:** 0.70
2007 NF PE RVU: 2.74 **2015 NF PE RVU:** 3.02
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0204 **Diagnostic mammography, producing direct digital image, bilateral, all views**

Global: XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2013 Medicare Utilization:** 641,748

2007 Work RVU: 0.87 **2015 Work RVU:** 0.87
2007 NF PE RVU: 2.87 **2015 NF PE RVU:** 3.66
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0206 **Diagnostic mammography, producing direct digital image, unilateral, all views**

Global: XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2013 Medicare Utilization:** 789,548

2007 Work RVU: 0.70 **2015 Work RVU:** 0.70
2007 NF PE RVU: 2.31 **2015 NF PE RVU:** 2.87
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2013 Medicare Utilization:** 124,600

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2015 NF PE RVU:** 0.28
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

G0238 **Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2013 Medicare Utilization:** 184,882

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.43 **2015 NF PE RVU:** 0.29
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0249 **Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:** 1,008,798

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 3.57 **2015 NF PE RVU:** 3.12
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0250 **Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Medicare Utilization:** 262,048

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.07 **2015 NF PE RVU:** 0.07
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0268 **Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing**

Global: 000 **Issue:** Removal of Wax **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2013 Medicare Utilization:** 138,552

2007 Work RVU: 0.61 **2015 Work RVU:** 0.61
2007 NF PE RVU: 0.63 **2015 NF PE RVU:** 0.81
2007 Fac PE RVU 0.23 **201 Fac PE RVU:** 0.27

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0270 **Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ADA **First Identified:** February 2008 **2013 Medicare Utilization:** 30,521

2007 Work RVU: 0.37 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2015 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **201 Fac PE RVU:** 0.31

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**

Global: XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Medicare Utilization:** 6,597,916

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.12 **2015 NF PE RVU:** 0.20
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0389 **Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening**

Global: XXX **Issue:** **Screen:** Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS **First Identified:** July 2014 **2013 Medicare Utilization:** 77,787

2007 Work RVU: 0.58 **2015 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2015 NF PE RVU:** 2.64
2007 Fac PE RVU NA **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** 2016 CPT cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0416

Global: XXX **Issue:** **Screen:** Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Medicare Utilization:** 8,429

2007 Work RVU: **2015 Work RVU:** 3.09
2007 NF PE RVU: **2015 NF PE RVU:** 14.92
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: Survey for April 2015 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0438 **Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Medicare Utilization:** 1,217,390

2007 Work RVU: **2015 Work RVU:** 2.43
2007 NF PE RVU: **2015 NF PE RVU:** 2.26
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0439 **Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Medicare Utilization:** 2,664,316

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 1.68
2007 Fac PE RVU **201 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0456 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters**

Global: YYY **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2013 Medicare Utilization:** 526

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: No specialty society interest

CPT Action (if applicable): May 2013 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0457 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters**

Global: YYY **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2013 Medicare Utilization:** 66

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **201 Fac PE RVU:**

RUC Recommendation: No specialty society interest

CPT Action (if applicable): May 2013 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

RUC Referrals to CPT Editoral Panel - Incomplete Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
11752	**Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx**	010-Day Global Post-Operative Visits	January 2015		CPT 2017	

Background: The American Podiatric Medical Association (APMA) submitted a request and the HCPAC agreed to table CPT code 11752 until the January 2015 RUC meeting. This allowed the specialties that perform this service to determine whether code 11752 should be deleted or requires some other CPT action which could include a RUC survey with all physicians and health care professionals that perform this service.

In January 2015, the APMA submitted a letter to the HCPAC review board indicating that the code be referred to the CPT Editorial Panel. In discussions with other specialties (orthopedic surgery and hand surgery), it was determined that this code should correctly be reported for crush injuries of the tip of a digit, requiring removal of nail and amputation of bone.

The RUC HCPAC Review Board recommends that code 11752 be sent to CPT for clarification and revision to reflect current practice and correct coding.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
22558	**Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**	High Volume Growth2 / Codes Reported Together 75% or More-Part3	October 2013		CPT 2018	

Background: In January 2015 the Joint CPT/RUC Workgroup accepted the specialty socitey's bundling solution for codes 22558 and 63090.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
27193	**Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**	CMS Request Final Rule for 2014	October 2013	AAOS	CPT 2016 cycle	

Background: Refer to CPT for deletion. There are multiple ways to report this service or report as an Evaluation and Management service.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
28293	**Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**	090-Day Global Post-Operative Visits	January 2015		CPT 2017	

Background: In January 2014, the RUC reviewed 090-day global services (based on 2012 Medicare utilization data) and identified 10 services, reported at least 1,000 times per year that included more than 6 office visits. CPT code 28293 was identified and the specialty societies added 28290-28299 as part of the family of services. The RUC requested these services be surveyed for work and review the practice expense for the January 2015 RUC meeting.

The specialty societies indicated that after reviewing the vignettes and the bunionectomy code descriptors, CPT coding changes are necessary, including deletion of code(s), possible bundling of codes, and general descriptor revisions. The specialty societies requested and the RUC recommends CPT codes 28290-28299 are referred to the CPT Editorial Panel for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31580	**Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal**	090-Day Global Post-Operative Visits	January 2015	AAO-HNS	October 2015	

Background: CPT code 31588 was identified via the 090-Day Global Post-Operative Visits screen. When the code family was reviewed it was determined that some codes in the family required revision to reflect the typical patient and those changes needed to be made prior to conducting a survey.

In October 2014, the CPT Editorial Panel created four new codes, revised three codes and deleted two codes to more accurately reflect the services currently performed for laryngoplasty procedures. However, following conclusion of the survey process the specialty societies realized there were multiple problems with the CPT descriptors and subsequent survey responses. In response, The American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS) requested to rescind the recent CPT changes and develop a new coding structure to define laryngoplasty services for separate patient populations. AAO-HNS indicated that there are clear differences in physician time, work and post-operative care for adult versus pediatric patients. Second, AAO-HNS requested the opportunity to redefine CPT code 31580, as it describes 2-stages of services but is actually two separate procedures: one for insertion and one for removal. The pre-, intra- and post-service physician work and time are different and the patient is seen on different days for the keel insertion and for the removal. Third, the specialty asked CPT to consider deletion of CPT code 31588 since the new codes will capture this service, code 31588 may no longer be necessary. AAO-HNS intends to submit a new coding proposal for the October 2015 CPT meeting. The specialty society requested and the RUC recommends that the laryngoplasty family of services be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31582	**Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**	090-Day Global Post-Operative Visits	January 2015	AAO-HNS	October 2015	

Background: CPT code 31588 was identified via the 090-Day Global Post-Operative Visits screen. When the code family was reviewed it was determined that some codes in the family required revision to reflect the typical patient and those changes needed to be made prior to conducting a survey.

In October 2014, the CPT Editorial Panel created four new codes, revised three codes and deleted two codes to more accurately reflect the services currently performed for laryngoplasty procedures. However, following conclusion of the survey process the specialty societies realized there were multiple problems with the CPT descriptors and subsequent survey responses. In response, The American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS) requested to rescind the recent CPT changes and develop a new coding structure to define laryngoplasty services for separate patient populations. AAO-HNS indicated that there are clear differences in physician time, work and post-operative care for adult versus pediatric patients. Second, AAO-HNS requested the opportunity to redefine CPT code 31580, as it describes 2-stages of services but is actually two separate procedures: one for insertion and one for removal. The pre-, intra- and post-service physician work and time are different and the patient is seen on different days for the keel insertion and for the removal. Third, the specialty asked CPT to consider deletion of CPT code 31588 since the new codes will capture this service, code 31588 may no longer be necessary. AAO-HNS intends to submit a new coding proposal for the October 2015 CPT meeting. The specialty society requested and the RUC recommends that the laryngoplasty family of services be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31584	**Laryngoplasty; with open reduction of fracture**	090-Day Global Post-Operative Visits	January 2015	AAO-HNS	October 2015	

Background: CPT code 31588 was identified via the 090-Day Global Post-Operative Visits screen. When the code family was reviewed it was determined that some codes in the family required revision to reflect the typical patient and those changes needed to be made prior to conducting a survey.

In October 2014, the CPT Editorial Panel created four new codes, revised three codes and deleted two codes to more accurately reflect the services currently performed for laryngoplasty procedures. However, following conclusion of the survey process the specialty societies realized there were multiple problems with the CPT descriptors and subsequent survey responses. In response, The American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS) requested to rescind the recent CPT changes and develop a new coding structure to define laryngoplasty services for separate patient populations. AAO-HNS indicated that there are clear differences in physician time, work and post-operative care for adult versus pediatric patients. Second, AAO-HNS requested the opportunity to redefine CPT code 31580, as it describes 2-stages of services but is actually two separate procedures: one for insertion and one for removal. The pre-, intra- and post-service physician work and time are different and the patient is seen on different days for the keel insertion and for the removal. Third, the specialty asked CPT to consider deletion of CPT code 31588 since the new codes will capture this service, code 31588 may no longer be necessary. AAO-HNS intends to submit a new coding proposal for the October 2015 CPT meeting. The specialty society requested and the RUC recommends that the laryngoplasty family of services be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31587	**Laryngoplasty, cricoid split**	090-Day Global Post-Operative Visits	January 2015	AAO-HNS	October 2015	

Background: CPT code 31588 was identified via the 090-Day Global Post-Operative Visits screen. When the code family was reviewed it was determined that some codes in the family required revision to reflect the typical patient and those changes needed to be made prior to conducting a survey.

In October 2014, the CPT Editorial Panel created four new codes, revised three codes and deleted two codes to more accurately reflect the services currently performed for laryngoplasty procedures. However, following conclusion of the survey process the specialty societies realized there were multiple problems with the CPT descriptors and subsequent survey responses. In response, The American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS) requested to rescind the recent CPT changes and develop a new coding structure to define laryngoplasty services for separate patient populations. AAO-HNS indicated that there are clear differences in physician time, work and post-operative care for adult versus pediatric patients. Second, AAO-HNS requested the opportunity to redefine CPT code 31580, as it describes 2-stages of services but is actually two separate procedures: one for insertion and one for removal. The pre-, intra- and post-service physician work and time are different and the patient is seen on different days for the keel insertion and for the removal. Third, the specialty asked CPT to consider deletion of CPT code 31588 since the new codes will capture this service, code 31588 may no longer be necessary. AAO-HNS intends to submit a new coding proposal for the October 2015 CPT meeting. The specialty society requested and the RUC recommends that the laryngoplasty family of services be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31588	**Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)**	090-Day Global Post-Operative Visits	January 2015	AAO-HNS	October 2015	

Background: CPT code 31588 was identified via the 090-Day Global Post-Operative Visits screen. When the code family was reviewed it was determined that some codes in the family required revision to reflect the typical patient and those changes needed to be made prior to conducting a survey.

In October 2014, the CPT Editorial Panel created four new codes, revised three codes and deleted two codes to more accurately reflect the services currently performed for laryngoplasty procedures. However, following conclusion of the survey process the specialty societies realized there were multiple problems with the CPT descriptors and subsequent survey responses. In response, The American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS) requested to rescind the recent CPT changes and develop a new coding structure to define laryngoplasty services for separate patient populations. AAO-HNS indicated that there are clear differences in physician time, work and post-operative care for adult versus pediatric patients. Second, AAO-HNS requested the opportunity to redefine CPT code 31580, as it describes 2-stages of services but is actually two separate procedures: one for insertion and one for removal. The pre-, intra- and post-service physician work and time are different and the patient is seen on different days for the keel insertion and for the removal. Third, the specialty asked CPT to consider deletion of CPT code 31588 since the new codes will capture this service, code 31588 may no longer be necessary. AAO-HNS intends to submit a new coding proposal for the October 2015 CPT meeting. The specialty society requested and the RUC recommends that the laryngoplasty family of services be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
34802	**Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)**	Pre-Time Analysis	April 2014	ACR, SCAI, SIR, SVS	CPT 2017 cycle	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
34812	**Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral**	Pre-Time Analysis	April 2014	ACR, SCAI, SIR, SVS	CPT 2017 cycle	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
34825	**Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**	Pre-Time Analysis	April 2014	ACR, SCAI, SIR, SVS	CPT 2017 cycle	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
35471	**Transluminal balloon angioplasty, percutaneous; renal or visceral artery**	CMS Fastest Growing / Codes Reported Together 75% or More-Part3	October 2009	ACC, ACR, SIR, SVS	CPT 2018	

Background: In January 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 75962,35475
75966,35471
75968,35471
75978,35476

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
35475	**Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**	CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3	April 2012	ACR, RPA, SIR	CPT 2018	

Background: In January 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 75962,35475
75966,35471
75968,35471
75978,35476

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
35476	**Transluminal balloon angioplasty, percutaneous; venous**	CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3	April 2012	ACR, RPA, SIR	CPT 2018	

Background: In January 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 75962,35475
75966,35471
75968,35471
75978,35476

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
36870	**Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**	Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes	January 2013	ACR, SIR, SVS	2016 CPT cycle	

Background: The RUC reviewed the 2010 Medicare Claims 5% Billed Together sample file and noted there are three services commonly billed on the same date of service with 36870: 36147, 35476 and 36148. The specialties noted that in order to perform thrombectomy the access code, 36147, has to be billed on the same date. With this understanding, the RUC referred CPT code 36870 to the CPT Editorial Panel to bundle the appropriate services into 36870. In September 2014 the RUC recommended to refer to CPT to bundle with frequently reported together services with 36147 (97%), 36148 (63%), and 35476 (73%) because these additional procedures are commonly required in a successful thrombectomy.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
47505	**Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	February 2015	16

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
47510	**Introduction of percutaneous transhepatic catheter for biliary drainage**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	February 2015	16

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
47511	**Introduction of percutaneous transhepatic stent for internal and external biliary drainage**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	February 2015	16

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
50395	**Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**	Codes Reported Together 75% or More-Part2	January 2015	ACR, SIR	October 2014	18

Background:

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
506XX6		Codes Reported Together 75% or More-Part2	January 2015	ACR, SIR	October 2014	18

Background:

507XX11

Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
Codes Reported Together 75% or More-Part2	January 2015	ACR, SIR	October 2014	18

Background:

507XX12

Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
Codes Reported Together 75% or More-Part2	January 2015	ACR, SIR	October 2014	18

Background:

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
CMS High Expenditure Procedural Codes1 / Final Rule for 2015	October 2012	AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	CPT 2017 cycle	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
CMS High Expenditure Procedural Codes1 / Final Rule for 2015	October 2012	AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	CPT 2017 cycle	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
62318	**Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**	CMS High Expenditure Procedural Codes1 / Final Rule for 2015	October 2012	AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	CPT 2017 cycle	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
62319	**Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**	CMS High Expenditure Procedural Codes1 / Final Rule for 2015	October 2012	AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	CPT 2017 cycle	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
63090	**Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**	Codes Reported Together 75% or More-Part3			CPT 2018	

Background: In January 2015 the Joint CPT/RUC Workgroup accepted the specialty socitey's bundling solution for codes 22558 and 63090.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
64633	**Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**	Work Neutrality Review	January 2015	ASA, AAPM, AAPMR, ISIS, NASS	February 2015	EC J3

Background: In February 2011, the CPT Panel deleted four existing codes and created four new codes to describe neurolysis reported per joint (2 nerves per each joint) instead of per nerve. The Relativity Assessment Workgroup (RAW) reviewed the utilization in June 2014, noting 24% more utilization than projected. The Workgroup recommended that the specialty societies submit revised introductory language to the CPT Editorial Panel to address any inappropriate coding regarding the reporting per nerve instead of per joint. The CPT Panel reviewed the modifications and was uncomfortable accepting the entire set without further review. The specialties were asked to bring a CCP to the May 2015 CPT Panel meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
72170	**Radiologic examination, pelvis; 1 or 2 views**	Low Value-High Volume / Codes Reported Together 75% or More-Part2	April 2011	ACR, AAOS	February 2015	

Background: The Joint Workgroup recommended that 73500 and 72170 be bundled by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
74305	**Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	February 2015	16

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
74320	**Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	February 2015	16

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75894	**Transcatheter therapy, embolization, any method, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part1	January 2013	ACC, ACR, SIR, SVS	CPT 2016 cycle	

Background: The Workgroup accepts the specialties' recommendation to submit a code change proposal that would address any duplication when this service is reported with 37201 on the same date by the same physician. Previous notes indicated that ACC submitted a CCP for October 2012 CPT related to 75894, creating a new code for a particular cardiac procedure that is currently reported using that code. At the January 2013 RUC meeting the RUC recommended that 75894 be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75962	**Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**	High Volume Growth1 / Codes Reported Together 75% or More-Part3	October 2012	ACC, ACR, SIR, SVS	CPT 2018	

Background: The Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 75962,35475
75966,35471
75968,35471
75978,35476

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75966	**Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part3			CPT 2018	

Background: In January 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 75962,35475
75966,35471
75968,35471
75978,35476

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75968	**Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)**	Codes Reported Together 75% or More-Part3			CPT 2018	

Background: In January 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 75962,35475
75966,35471
75968,35471
75978,35476

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75978	**Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**	CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3	April 2014	ACR, RPA, SCAI, SIR, SVS	CPT 2018	

Background: CPT code 75978 was identified through the CMS High Expenditure Procedural Codes screen. The RUC recommended a survey of physician work and practice expense to be presented at the April 2014 RUC meeting. The specialty societies including radiologists and vascular surgeons requested that this code be referred to the CPT Editorial Panel by the RUC to bundle this code with related services. The RUC agreed to this request by the specialties suggesting that the issue be considered at the October 2014 CPT Editorial Panel meeting. The RUC recommends that CPT code 75978 be referred to CPT Editorial Panel. In the July 2014 Proposed Rule for 2015, CMS requests that the RUC review a list of high PFS expenditure procedural codes representing services furnished by an array of specialties. In September 2014 the RUC recommended referral to CPT to bundle 35476 and 75978 for CPT 2017 cycle. In January 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group:
75962,35475
75966,35471
75968,35471
75978,35476

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75980	**Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	February 2015	16

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75982	**Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	February 2015	16

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75984	**Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77001	**Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**	MPC List / CMS Request Final Rule for 2013 / Final Rule for 2015	April 2013	AANEM, AAPM, AAPM&R, ACR, ASA, ISIS, NASS	CPT 2017 cycle	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77002	**Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)**	MPC List / CMS Request Final Rule for 2013 / Final Rule for 2015	April 2013	AANEM, AAPM, AAPM&R, ACR, ASA, ISIS, NASS	CPT 2017 cycle	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77003	**Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)**	MPC List / CMS Request Final Rule for 2013 / Final Rule for 2015	April 2013	AAPM, AAPMR, ASA, ASIPP, NASS, SIR	CPT 2017 cycle	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77055	**Mammography; unilateral**	CMS-Other - Utilization over 250,000 / Final Rule for 2015	September 2014		February 2015	

Background: Referred to CPT Feb 2015 to remove "film" from descriptor and survey for work and PE for April 2015.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77056	**Mammography; bilateral**	CMS-Other - Utilization over 250,000 / Final Rule for 2015	September 2014		February 2015	

Background: Referred to CPT Feb 2015 to remove "film" from descriptor and survey for work and PE for April 2015.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77057	**Screening mammography, bilateral (2-view film study of each breast)**	CMS-Other - Utilization over 250,000 / Final Rule for 2015	September 2014		February 2015	31

Background: Referred to CPT Feb 2015 to remove "film" from descriptor and survey for work and PE for April 2015.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77401	**Radiation treatment delivery, superficial and/or ortho voltage, per day**				February 2015	34

Background: CPT Feb 2015, established 3 new codes for superfiscial radiation treatment services and revised code 77401 to specify a single treatement that includes image guidance.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
92235	**Fluorescein angiography (includes multiframe imaging) with interpretation and report**	Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3	January 2012	AAO	CPT 2018	

Background: In January 2015, the Joint CPT/RUC Workgroup accepted the specialty society's recommendation for a bundled code solution for 92240 and 92235.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
92240	**Indocyanine-green angiography (includes multiframe imaging) with interpretation and report**	Codes Reported Together 75% or More-Part3			CPT 2018	

Background: In January 2015, the Joint CPT/RUC Workgroup accepted the specialty society's recommendation for a bundled code solution for 92240 and 92235.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95250	**Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording**	High Volume Growth2	September 2014	AACE, TES	CPT 2017 Cycle	

Background: In May 2014, the CPT Editorial Panel created two Category I codes to report continuous glucose monitoring via patient managed “real time” monitoring device and revised two Category I codes to report continuous glucose monitoring via provider managed “retrospective” monitoring device. At the September 2014 RUC meeting, the specialty requested withdrawal of CPT codes 9525X1 and 9525X2 in order to take these codes back to CPT to restructure and better define the timeframe described. The specialty society has communicated with the CPT Editorial Panel requesting to rescind codes 9525X1 and 952X2 at the October 2014 CPT meeting to allow the specialties to submit a new coding change proposal. The RUC recommends referral to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95251	**Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report**	High Volume Growth2	September 2014	AACE, TES	CPT 2017 Cycle	

Background: In May 2014, the CPT Editorial Panel created two Category I codes to report continuous glucose monitoring via patient managed “real time” monitoring device and revised two Category I codes to report continuous glucose monitoring via provider managed “retrospective” monitoring device. At the September 2014 RUC meeting, the specialty requested withdrawal of CPT codes 9525X1 and 9525X2 in order to take these codes back to CPT to restructure and better define the timeframe described. The specialty society has communicated with the CPT Editorial Panel requesting to rescind codes 9525X1 and 952X2 at the October 2014 CPT meeting to allow the specialties to submit a new coding change proposal. The RUC recommends referral to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95971	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming**	Harvard Valued - Utilization over 100,000 / High Volume Growth2	January 2014	AAPM, ACOG, ASA, AUA, ISIS, NASS	February 2015	75

Background: In January 2014, the RUC recommends that CPT codes 95971, 95972 and 95973 be referred to CPT to address the entire family regarding the time referenced in the CPT code descriptors. Specifically, the descriptor for code 95972 specifies “first hour” but survey results indicate that the majority of physicians reporting this code take less than 30 minutes. Per CPT rules, since the midpoint of the specified time is not exceeded, the code is not reportable in the majority of circumstances under which the service is performed. Secondly for CY 2016, the relevant specialties should submit a code change proposal to more definitely address the concern and make the codes more consistent with current practice. The specialties anticipate two separate families; one for peripheral nerve root stimulators and another for spinal cord stimulators.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95973	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**	Harvard Valued - Utilization over 100,000 / Final Rule for 2015	April 2010	AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR	February 2015	75

Background: In January 2014, the RUC recommends that CPT codes 95971, 95972 and 95973 be referred to CPT to address the entire family regarding the time referenced in the CPT code descriptors. Specifically, the descriptor for code 95972 specifies “first hour” but survey results indicate that the majority of physicians reporting this code take less than 30 minutes. Per CPT rules, since the midpoint of the specified time is not exceeded, the code is not reportable in the majority of circumstances under which the service is performed. Secondly for CY 2016, the relevant specialties should submit a code change proposal to more definitely address the concern and make the codes more consistent with current practice. The specialties anticipate two separate families; one for peripheral nerve root stimulators and another for spinal cord stimulators. Additionally, in the Final Rule for 2015 CMS notes that for CY 2015, the RUC reviewed CPT codes 95971 and 95972 because they were identified by the High Volume Growth Services screen which identifies services in which Medicare utilization increased by at least 100 percent from 2006 to 2011 screen. It is unclear to CMS why CPT code 95973, the add-on code to CPT code 95972, was not also surveyed. Even though the RUC did not survey 95973, we believe we should review it as part of this family. The lack of a survey for CPT code 95973 along with the confusing descriptor language and intraservice time suggest the need for this family to be returned to CPT for clarification of the descriptor and then to the RUC for resurvey.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97016	**Application of a modality to 1 or more areas; vasopneumatic devices**	Codes Reported Together 75% or More-Part1 / High Volume Growth2	October 2013	AOTA, APTA, AAPM&R	CPT 2017 cycle	

Background:

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97112	**Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**	CMS High Expenditure Procedural Codes1	January 2012		CPT 2017 cycle	

Background: In Jan 2012, the specialty intends on significantly revising the Physical Medicine and Rehabilitation Section of CPT and intend to submit a CCP after the Workgroup review process.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97140	**Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**	CMS High Expenditure Procedural Codes1	January 2012		CPT 2017 cycle	

Background: In Jan 2012, the specialty intends on significantly revising the Physical Medicine and Rehabilitation Section of CPT and intend to submit a CCP after the Workgroup review process.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97530	**Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**	CMS High Expenditure Procedural Codes1	January 2012		CPT 2017 cycle	

Background: In Jan 2012, the specialty intends on significantly revising the Physical Medicine and Rehabilitation Section of CPT and intend to submit a CCP after the Workgroup review process.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97532	**Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**	High Volume Growth2	October 2013		CPT 2017 cycle	

Background:

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97542	**Wheelchair management (eg, assessment, fitting, training), each 15 minutes**	High Volume Growth2	October 2013		CPT 2017 cycle	

Background:

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0101	**Cervical or vaginal cancer screening; pelvic and clinical breast examination**	Low Value-High Volume / CMS-Other - Utilization over 250,000	January 2014			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0179	**Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period**	CMS Fastest Growing / CMS-Other - Utilization over 250,000	January 2014	AAFP, ACP, AAHCP		

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0180	**Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**	CMS Fastest Growing / CMS-Other - Utilization over 250,000	January 2014	AAFP, ACP, AAHCP		

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0181	**Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**	CMS Fastest Growing / CMS-Other - Utilization over 250,000	January 2014	AAFP, ACP		

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0283	**Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**	Low Value-High Volume / CMS-Other - Utilization over 250,000	January 2014			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0389	**Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening**	Final Rule for 2015	September 2014	ACC, ACP, ACR, SCAI, SVS	2016 CPT cycle	

Background: When Medicare began paying for abdominal aortic aneurysm (AAA) ultrasound screening in CY 2007, CMS created HCPCS code G0389 and set the RVUs at the same level as CPT code 76775. CMS noted in the CY 2007 final rule with comment period that CPT code 76775 was used to report the service when furnished as a diagnostic test and that we believed the service reflected by G0389 used equivalent resources and work intensity to those contained in CPT code 76775. In the CY 2014 proposed rule, based on a RUC recommendation, CMS proposed to replace the ultrasound room included as a direct PE input for CPT code 76775 with a portable ultrasound unit. Since all the RVUs (including the PE RVUs) for G0389 were crosswalked from CPT code76775, the proposed PE RVUs for G0389 in the CY 2014 proposed rule were reduced significantly as a result of this change to the direct PE inputs for 76775. However, CMS did not discuss the applicability of this change to G0389 in the proposed rule's preamble and did not receive any comments on G0389 in response to the proposed rule. CMS finalized the change to CPT code 76775 in the CY 2014 final rule with comment period and the corresponding PE RVUs for G0389 were also reduced. Subsequent to the publication of the CY 2014 final rule, a stakeholder suggested that the reduction in the RVUs for G0389 did not accurately reflect the resources involved in furnishing the service and asked that CMS consider using an alternative crosswalk. Specifically, the stakeholder stated that the type of equipment typically used in furnishing G0389 is different than that used for CPT code 76775, the time involved in furnishing G0389 is greater than that of CPT code 76775, and the specialty that typically furnishes G0389 is different than the one that typically furnishes CPT code 76775. The stakeholder suggested an alternative crosswalk of CPT code 76705. after considering the issue, CMS are proposing G0389 as a potentially misvalued code and seeking recommendations regarding the appropriate inputs that should be used to develop RVUs for this code. CMS has not reviewed the inputs used to develop RVUs for this code since it was established in CY 2007 and the RVUs were directly crosswalked from 76705. Based on the issues raised by stakeholders, CMS believes that it should value this code through the standard methodologies, including the full PE RVU methodology. In order to do so, CMS are proposing to include this code on our list of proposed potentially misvalued codes and seek input from the public and other stakeholders, including the RUC, regarding the appropriate work RVU, time, and direct PE inputs that reflect the typical resources involved in furnishing the service. In September 2014 the RUC refered G0389 to CPT to transition this code to a Category I code for the 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0438	**Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit**	CMS-Other - Utilization over 250,000	January 2014			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0439	**Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit**	CMS-Other - Utilization over 250,000	January 2014			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
33620	**Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)**	New Technology/New Services	January 2015	Develop CPT Assistant article	STS	

Background: This service was flagged as New Techology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty sociceities should develop a CPT Assistant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
33621	**Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)**	New Technology/New Services	January 2015	Develop CPT Assistant article	STS	

Background: This service was flagged as New Techology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty sociceities should develop a CPT Assistant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
33622	**Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)**	New Technology/New Services	January 2015	Develop CPT Assistant article	STS	

Background: This service was flagged as New Techology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty sociceities should develop a CPT Assistant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
64412	**Injection, anesthetic agent; spinal accessory nerve**	High Volume Growth2	April 2014	Deleted from CPT	AAN, ASA, AAPMR, ISIS	

Background: In April 2013, CPT code 64412 Injection, anesthetic agent; spinal accessory (work RVU = 1.18) was identified via the High Growth screen. It is primarily performed (58%) by internal medicine, family and general practice physicians. In October 2013, the Relativity Assessment Workgroup reviewed the action plan submitted by the American College of Physicians (ACP), which indicated ACP would survey for presentation at the April 2014 RUC meeting. In February 2014, the level of interest process was conducted and ACP and AAFP indicated no interest in surveying or commenting on CPT code 64412 and ASA, AAPM&R, ISIS all indicated a level 2 interest, comment only.

Since ACP had indicated they would survey this service, the RAW did not have any further discussion regarding why the large growth in Medicare utilization occurred, nor did it discuss any possible misreporting of this service. The Medicare frequency went from 2,763 in 2006 to 10,917 in 2011.

Upon further analysis, it appears that half of the current utilization is now coming from the state of Michigan (see attached spreadsheet). The growth is being performed primarily by internal medicine physicians and a re-survey will not address the misreporting of this service. It appears that physicians are reporting 64412 Injection, anesthetic agent; spinal accessory (work RVU = 1.18) instead of 20552 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) (work RVU = 0.66) or 20553 Injection(s); single or multiple trigger point(s), 3 or more muscle(s) (work RVU = 0.75).

AMA staff reached out to ACP, AAFP, ASA, AAPM&R and ISIS and requested action to address the inappropriate reporting of this service, such as the addition of a CPT parenthetical or deletion of the code. ASA, AAPM&R, AAN and ISIS submitted a letter for this April 2014 agenda indicating they will develop a CPT Assistant article to clarify the proper use of 64412 and requested that the RAW review utilization in 3 years. AMA staff questioned why a parenthetical would not be developed to stop this inappropriate reporting immediately for the CPT 2015 cycle. At the April 2014 RUC meeting, the specialty societies requested for CPT code 64412 to be referred to the CPT Editorial Panel to address the inappropriate billing. The RUC recommends that CPT code 64412 be referred to the CPT Editorial Panel for revision.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
64555	**Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)**	High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015	January 2015	Survey for April 2015. Develop CPT Assistant article.Review September 2017.	ASA, AAPM, ASIPP	

Background: Referral to CPT for deletion, clarification, or revision. This may also include the development of a CPT Assistant article or review of the impact of previous CPT Assistant articles on volume. Article published in August 2009. Sept 2011 - RAW recommends another CPT Assistant article to advise the correct reporting of PTNS and re-review in 3 years (Sept 2014). Additional article was not published. Sept 2014 - Develop CPT Assistant article to clarify the appropriate use of the code and stabilize its utilization. Review in 3 years (Sept 2017).A stakeholder raised questions regarding whether codes 64553 and 64555 included the appropriate direct PE inputs when furnished in the non-facility setting. It appears that these inputs have not been evaluated recently and therefore CMS are nominating these codes as potentially misvalued for the purpose of ascertaining whether or not there are non-facility direct PE inputs that are not included in the direct PE inputs that are typical supply costs for these services. Sept 2014-Review PE only January 2015. In the Final Rule for 2015 CMS requested that the work and PE be reviewed. The specialties indicated they will survey and present at the April 2015 meeting.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
76881	**Ultrasound, extremity, nonvascular, real-time with image documentation; complete**	CMS Fastest Growing / New Technology/New Services	January 2015	Develop CPT Assistant article, 0.72	AAPMR, APMA, ACR	Clinical Examples of Radiology Winter 2011

Background: In February 2010, the CPT Editorial Panel created this code after deleting 76880. April 2010, the RUC recommended a CPT Assistant article be written to ensure the proper reporting of these two services. It was noted by the RUC that these services should not typically be reported more than once per day. RUC recommended 0.72. This service was flagged as New Techology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty societies develop a CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study. RAW to review in October 2016 after two years of additional Medicare utilization data.

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
76882	**Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific**	CMS Fastest Growing / New Technology/New Services	January 2015	Develop CPT Assistant article, 0.50	AAPMR, APMA, ACR	Clinical Examples of Radiology Summer and Winter 2011

Background: In February 2010, the CPT Editorial Panel created this code after deleting 76880. April 2010, the RUC recommended a CPT Assistant article be written to ensure the proper reporting of these two services. It was noted by the RUC that these services should not typically be reported more than once per day. This service was flagged as New Techology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty societies develop a CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study. RAW to review in October 2016 after two years of additional Medicare utilization data.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
99497	**Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate**	RUC Referral to CPT Assistant	January 2014	Review in 3 years and refer to CPT Assistant	AAFP, AAN, ACP, ACCP, AGS, ATS	

Background: The RUC recommends that codes 9949X7 and 9949X8 be referred to CPT Assistant to educate physicians on how to code this service correctly.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
99498	**Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)**	RUC Referral to CPT Assistant	January 2014	Review in 3 years and refer to CPT Assistant	AAFP, AAN, ACP, ACCP, AGS, ATS	

Background: The RUC recommends that codes 9949X7 and 9949X8 be referred to CPT Assistant to educate physicians on how to code this service correctly.

New Technology/New Services List

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0318T	Implantation of catheter-delivered prosthetic aortic heart valve, open thoracic approach, (eg, transapical, other than transaortic)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	September 2015	Review in 2 years (Sept 2015) with additional data per unit from CMS	☐
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	September 2018		☐
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	☑
20986	Code Deleted	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
20987	Code Deleted	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	September 2018		☐
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	September 2018		☐
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	September 2018		☐
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	September 2018		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	September 2018		☐
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	September 2019		☐
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29582	Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	September 2015		☐
29583	Application of multi-layer compression system; upper arm and forearm	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	September 2015		☐
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	September 2015		☐
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Due to rapid growth in service volume, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Due to rapid growth in service volume, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016.	☐
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Due to rapid growth in service volume, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016.	☐
3160X1		Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	September 2019		☐
3160X2		Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	September 2019		☐
3160X3		Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	September 2019		☐
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	September 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	September 2018		☐
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	September 2018		☐
3347X1		Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	September 2019		☐
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	October 2016	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☐
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	October 2016	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	October 2016	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☐
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	September 2015		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	September 2015		☐
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	September 2016		☐
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	September 2018		☐
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	September 2018		☐
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	☑
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	September 2016		☐
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	September 2018		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	September 2018		☐
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	September 2018		☐
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	September 2015		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	September 2015		☐
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	September 2015		☐
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	September 2015		☐
5039X1		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
5039X1		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
5039X2		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
5039X3		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
5039X4		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
5039X5		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
5069X7		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
5069X8		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
5069X9		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
506XX		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
507XX		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
507XX		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	September 2018		☐
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	September 2018		☐
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	☐
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	September 2014	Survey for April 2015.	☐
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	☑
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☐
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☐
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	☐
657XX		Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	September 2019		☐
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	September 2014	Survey for April 2015.	☐
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	September 2014	Survey for April 2015.	☐
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	September 2017		☐
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	☑
75558	Code Deleted	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75560	Code Deleted	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562	Code Deleted	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75564	Code Deleted	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2016	Develop CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study. Review October 2016 after 2 years of additional Medicare utilization data.	☐
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2016	Develop CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study. Review October 2016 after 2 years of additional Medicare utilization data.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77061	Digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐
77061	Digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐
77062	Digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	September 2017		☐
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Survey (work) and PE review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	September 2015		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	September 2016		☐
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78813	Positron emission tomography (PET) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	September 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) (eg, carcinoma) gene analysis, variants in codons 12 and 13	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), IVS14+1G>A variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant Human Platelet Antigen 1 genotyping	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-1a/b (L33P) Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-2a/b (T145M) Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-3a/b (I843S) Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-4a/b (R143Q) Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-5a/b (K505E) Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-6a/b (R489Q) Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-9a/b (V837M) Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-15a/b (S682Y) IL28B (interleukin 28B [interferon, lambda 3]) (eg, drug response), rs12979860 variant IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant LCT (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 C>T variant NEB							

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), R245X variant SERPINE1 (serpine peptidase inhibitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1) (eg, thrombophilia), 4G variant SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), V174A variant SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), exon 7 deletion SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant							

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABL (c-abl oncogene 1, receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) CYP3A4 (cytochrome P450, family 3, subfamily A, polypeptide 4) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) CYP3A5 (cytochrome P450, family 3, subfamily A, polypeptide 5) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy, type 1), evaluation to detect abnormal (eg, expanded) alleles F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia), common variants (eg, 1138G>A, 1138G>C) FIP1L1/PDGFRA (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed GALT (galactose-1-phosphate uridylyltransferase) (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-2A>G, P171S, del5kb, N314D, L218L/N314D) HBB (hemoglobin, beta) (eg, sickle cell anemia, hemoglobin C, hemoglobin E), common variants (eg, HbS, HbC, HbE) HTT (huntingtin) (eg, Huntington disease), evaluation to detect abnormal (eg, expanded) alleles RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SEPT9 (Septin 9) (eg, colon cancer), methylation analysis TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), common variants (eg, *2, *3) VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)							

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81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), common variants (eg, D816V, D816Y, D816F) MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	Willi/Angelman syndrome), short tandem repeat (STR) analysis							

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ABL1 (c-abl oncogene 1, receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), variants in the kinase domain ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), full gene sequence CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) HBB (hemoglobin, beta, beta-globin) (eg, beta thalassemia), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common exon 4 variants (eg, R132H, R132C) IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common exon 4 variants (eg, R140W, R172M) JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) (eg, carcinoma), gene analysis, variant(s) in exon 3 (eg, codon 61) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), exon 10 sequence MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene							

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), known familial sequence variant(s) TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)							

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy type 1), characterization of abnormal (eg, expanded) alleles EGR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FKRP (Fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence FOXG1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) FXN (frataxin) (eg, Friedreich ataxia), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia), duplication/deletion analysis (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HBB (hemoglobin, beta, Beta-Globin) (eg, thalassemia), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence KIT (C-kit) (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, GIST, acute myeloid leukemia, melanoma), targeted gene analysis (eg, exons 8, 11, 13, 17, 18) LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis NRAS (neuroblastoma RAS viral oncogene homolog) (eg, colorectal carcinoma), exon 1 and exon 2 sequences PDGFRA (platelet-derived growth factor receptor alpha polypeptide) (eg, gastrointestinal stromal tumor), targeted sequence analysis (eg, exons 12, 18) PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]),							

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	full gene sequence PRNP (prion protein) (eg, genetic prion disease), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma), common variants (eg, M918T, 2647_2648delinsTT, A883F) SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence TP53 (tumor protein 53) (eg, tumor samples), targeted sequence analysis of 2-5 exons TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37)							

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81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence AR (androgen receptor) (eg, androgen insensitivity syndrome), full gene sequence CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DHCR7 (7-dehydrocholesterol reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha globin 2)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	(eg, thalassemia), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa							

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), full gene sequence SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TNNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome, tumor samples), full gene sequence or targeted sequence analysis of >5 exons TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25)							

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81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) CAPN3 (Calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence Cytogenomic microarray analysis, neoplasia (eg, interrogation of copy number, and loss-of-heterozygosity via single nucleotide polymorphism [SNP]-based comparative genomic hybridization [CGH] microarray analysis) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, familial hemiplegic migraine), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	S]) (eg, Pierson syndrome), full gene sequence MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene sequence PKD1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PLCE1 (phospholipase C, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence SCN5A (sodium channel, voltage-gated, type V, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence SLC12A1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, Bartter syndrome), full gene sequence SLC12A3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, Gitelman syndrome), full gene sequence SPG11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence SPTBN2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence TMEM67 (transmembrane protein 67) (eg, Joubert syndrome), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence USH1C (Usher syndrome 1C [autosomal recessive, severe]) (eg, Usher syndrome, type 1), full gene sequence VPS13B							

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), duplication/deletion analysis WDR62 (WD repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	September 2016		☐
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	September 2016		☐
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	September 2017		☐
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
88384	Array-based evaluation of multiple molecular probes; 11 through 50 probes	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88385	Array-based evaluation of multiple molecular probes; 51 through 250 probes	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88386	Array-based evaluation of multiple molecular probes; 251 through 500 probes	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90769	Code Deleted	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90771	Code Deleted	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	September 2015		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	September 2015		☐
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	September 2015		☐
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	September 2016		☐
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	Sep 2014	Transient Elastography of Liver	05	CPT 2016	September 2019		☐
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011	April 2015	Review at RAW in April 2015. Specialty society should explain what is driving the utilization and whether other measures may be needed, such as a CPT Assistant article.	☐
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	September 2018		☐
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Apr 2010	Diabetic Retinopathy Imaging	24	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	September 2017		☐
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Due to rapid growth in service volumen, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016.	☐
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Due to rapid growth in service volumen, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016.	☐
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Due to rapid growth in service volumen, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016.	☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	September 2016	The RUC recommends that these services be reviewed in 3 years to review the number of times this service is reported together by the same physician on the same day once this utilization data is available.	☐
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	September 2016	The RUC recommends that these services be reviewed in 3 years to review the number of times this service is reported together by the same physician on the same day once this utilization data is available.	☐
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	September 2018		☐
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; establishment or substantial revision of a comprehensive care plan; moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	September 2016		☐
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	September 2016		☐

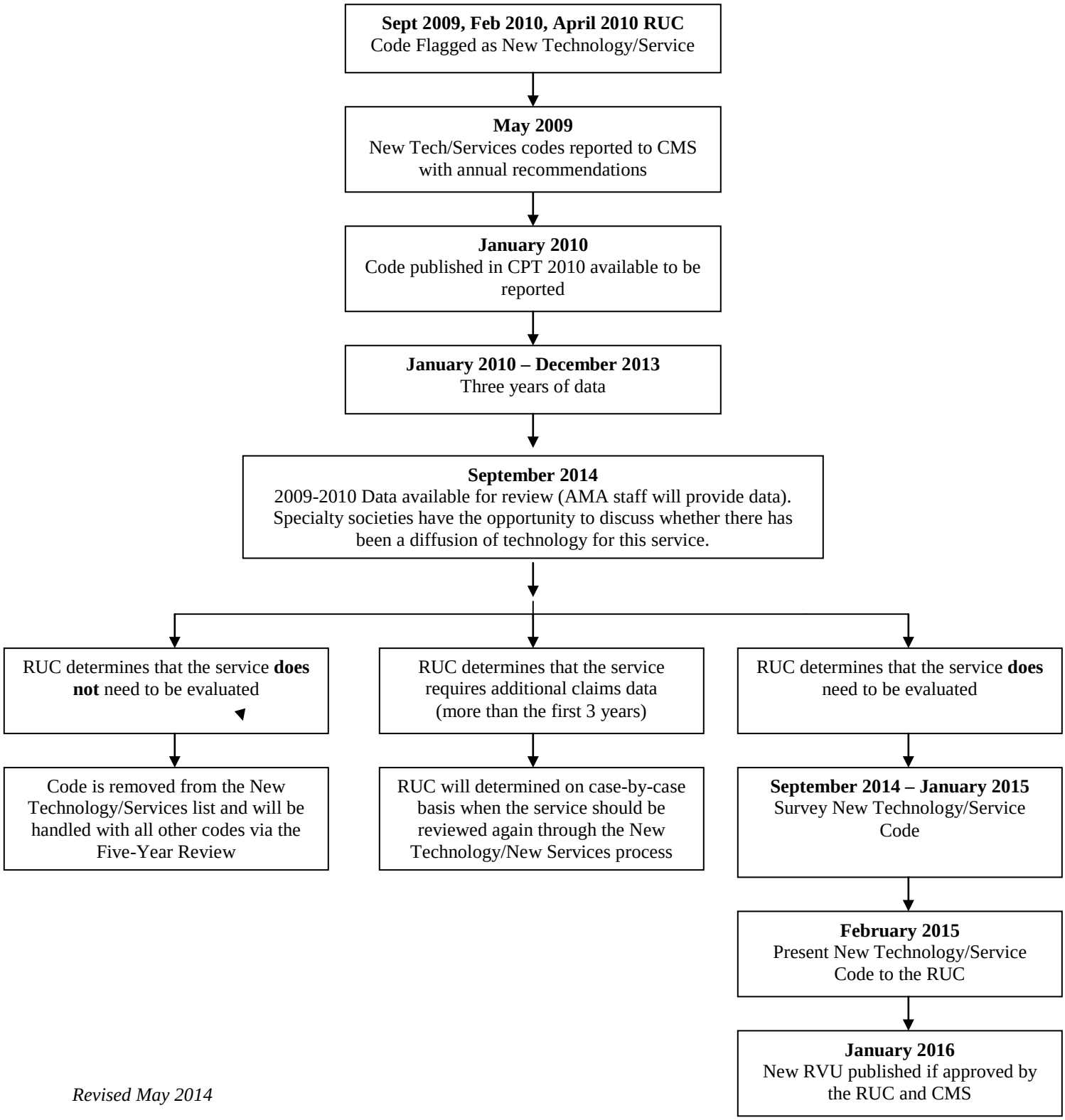
CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; establishment or substantial revision of a comprehensive care plan; moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	September 2016		☐
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	Apr 2014	Chronic Care Management	28	CPT 2015	September 2018		☐
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	8	CPT 2013	September 2016		☐

CPT Code	2015 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	September 2016		☐
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	September 2017		☐
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	September 2017		☐

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Revised May 2014

Specialty and Acronym

Society	Acronym
Academy of Nutrition and Dietetics	ANDi
Academy of Physicians in Clinical Research	APCR
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Audiology	AAA
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology	AAD
American Academy of Disability Evaluating Physicians	AADEP
American Academy of Facial Plastic and Reconstructive Surgery	AAFPRS
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of Pediatrics	AAP
American Academy of Physical Medicine & Rehabilitation	AAPMR
American Academy of Physician Assistants	AAPA
American Academy of Sleep Medicine	AASM
American Association of Clinical Endocrinologists	AACE
American Association of Hip and Knee Surgeons	AAHKS
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Oral and Maxillofacial Surgeons	AAOMS
American Association of Plastic Surgeons	AAPS
American Association of Thoracic Surgery	AATS
American Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Ashma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Occupational and Environmental Medicine	ACOEM
American College of Phlebology	ACPh
American College of Physicians	ACP

American College of Preventive Medicine	ACPM
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACRh
American College of Surgeons	ACS
American Congress of Obstetricians and Gynecologists	ACOG
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Institute of Ultrasound in Medicine	AIUM
American Medical Association	AMA
American Nurses Association	ANA
American Occupational Therapy Association	AOTA
American Optometric Association	AOA
American Osteopathic Association	AOA-Ortho
American Orthopaedic Foot and Ankle Society	AOFAS
American Pediatric Surgical Association	APSA
American Physical Therapy Association	APTA
American Podiatric Medical Association	APMA
American Psychiatric Association	APA
American Psychological Association	APA-HCPAC
American Roentgen Ray Society	ARRS
American Society for Aesthetic Plastic Surgery	ASAPS
American Society for Blood and Marrow Transplantation	ASBMT
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery Association	ASDSA
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Radiation Oncology	ASTRO
American Society for Reproductive Medicine	ASRM
American Society for Surgery of the Hand	ASSH
American Society of Abdominal Surgeons	ASAS
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of Echocardiography	ASE
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of Maxillofacial Surgeons	ASMS
American Society of Neuroimaging	ASN

American Society of Neuroradiology	ASNR
American Society of Plastic Surgeons	ASPS
American Society of Retina Specialists	ASRS
American Society of Transplant Surgeons	ASTS
American Speech-Language-Hearing Association	ASHA
American Thoracic Society	ATS
American Urological Association	AUA
Association of University Radiologists	AUR
Centers for Medicare and Medicaid Services	CMS
Contractor Medical Directors	CMD
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS
Contact Lens Association of Ophthalmologists	CLAO
Endocrine Society	ES
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Spine Intervention Society	ISIS
Joint Council of Allergy, Asthma and Immunology	JCAAI
Medical Group Management Association	MGMA
Medicare Payment Advisory Commission	MedPAC
National Association of Social Workers	NASW
North American Spine Society	NASS
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Critical Care Medicine	SCCM
Society of Interventional Radiology	SIR
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Society for Cardiovascular Angiography and Interventions	SCAI
The Triological Society	TTS

AMA/Specialty Society RVS Update Committee Summary of Recommendations
090-Day Global Post-Operative Visits Screen

January 2015

Laryngoplasty

CPT code 31588 was identified via the 090-Day Global Post-Operative Visits screen. When the code family was reviewed it was determined that some codes in the family required revision to reflect the typical patient and those changes needed to be made prior to conducting a survey.

In October 2014, the CPT Editorial Panel created four new codes, revised three codes and deleted two codes to more accurately reflect the services currently performed for laryngoplasty procedures. However, following conclusion of the survey process the specialty societies realized there were multiple problems with the CPT descriptors and subsequent survey responses. In response, The American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS) requested to rescind the recent CPT changes and develop a new coding structure to define laryngoplasty services for separate patient populations. AAO-HNS indicated that there are clear differences in physician time, work and post-operative care for adult versus pediatric patients. Second, AAO-HNS requested the opportunity to redefine CPT code 31580, as it describes 2-stages of services but is actually two separate procedures: one for insertion and one for removal. The pre-, intra- and post-service physician work and time are different and the patient is seen on different days for the keel insertion and for the removal. Third, the specialty asked CPT to consider deletion of CPT code 31588 since the new codes will capture this service, code 31588 may no longer be necessary. AAO-HNS intends to submit a new coding proposal for the October 2015 CPT meeting. **The specialty society requested and the RUC recommends that the laryngoplasty family of services be referred to CPT for revision. Note: On February 7, 2015, the CPT Editorial Panel rescinded all of the proposed coding changes and will consider a new proposal at the October 2015 CPT Meeting.**

CPT Code (•New)	**Tracking Number**	**CPT Descriptor**	**Global Period**	**Work RVU Recommendation**
31580(f)	D1	Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal (Do not report 31580 in conjunction with 3158X1, 3158X2) (To report tracheostomy, see 31600, 31601, 31603, 30605, 31610)	090	Refer to CPT

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~~31582~~		~~for laryngeal stenosis, with graft or core mold, including tracheotomy~~ (31582 has been deleted)	090	N/A
●3158X1	D2	for laryngeal stenosis, with graft, without stent placement (Do not report graft separately if harvested through the laryngoplasty incision [eg, thyroid cartilage graft]) (Do not report 3158X1 in conjunction with 31580, 3158X2) (To report tracheostomy, see 31600, 31601, 31603, 30605, 31610)	090	Refer to CPT
●3158X2	D3	for laryngeal stenosis, with graft, with stent placement (Do not report 3158X2 in conjunction with 31580, 3158X1) (To report tracheostomy, see 31600, 31601, 31603, 30605, 31610)	090	Refer to CPT
▲31584	D4	with open reduction and fixation (eg, plating) of fracture, includes tracheostomy, if perfromed (Do not report graft separately if harvested through the laryngoplasty incision [eg, thyroid cartilage graft])	090	Refer to CPT
▲31587	D5	Laryngoplasty, cricoid split, without graft placement (To report tracheostomy, see 31600, 31601, 31603, 30605, 31610)	090	Refer to CPT
▲31588	D6	Laryngoplasty, not otherwise specified (eg, for ~~burns~~, reconstruction after partial laryngectomy) (To report tracheostomy, see 31600, 31601, 31603, 30605, 31610)	090	Refer to CPT
●3158X4	D7	Laryngoplasty, medialization	090	Refer to CPT

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●3158X3	D8	Cricotracheal resection (Do not report graft separately if harvested through primary cricotracheal resection incision, [eg, trachealis muscle]) (Do not report local advancement and rotational flaps separately if performed through the same incision) (To report tracheostomy, see 31600, 31601, 31603, 31605, 31610) (To report excision of tracheal stenosis and anastomosis, see 31780, 31781)□	090	Refer to CPT

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AMERICAN ACADEMY OF
OTOLARYNGOLOGY–
HEAD AND NECK SURGERY

December 19, 2014

Barbara Levy, MD
RUC Chair
Peter Hollmann, MD
Chair, CPT Editorial Panel
AMA Plaza
330 North Wabash Ave., Suite 39300
Chicago, IL 60611-5885

RE: Request to Delay Review of Tab 4, Laryngoplasty

Dear Drs. Levy and Hollmann,

Please accept this letter, on behalf of the American Academy of Otolaryngology – Head and Neck Surgery, requesting approval from the AMA Relative Update Committee, to delay the review of Tab 4, Laryngoplasty to a future RUC meeting to allow our specialty to take this family of codes back to CPT to further refine the code set. Additionally, in order to facilitate this request, we ask that the CPT Editorial Panel rescind the four new codes that were created as part of the review of this family undertaken by the Panel in October 2014, slated for release in the 2016 CPT code book.

As you know, we conducted and recently concluded a 090 global survey for this family of codes. Following conclusion of the survey and compilation of the associated data, we convened a call with our RUC team and a small group of laryngology experts who are most familiar with these services. Given the extremely low volume of these services (all performed under 100 times per year based on the new code descriptors), we felt including expertise from laryngologists closest to these procedures was essential. During that call, it became clear that there were several issues with both the construct of the recently revised code set, as well as the data received in response to the survey. Specifically, it is clear that there are clear differences in time, work, and post operative care when these procedures are performed on adult versus pediatric patients. The nature of the disease process also varies in the adult and pediatric populations. For instance, pediatric patients often present with congenitial defects, whereas adults present for these procedures due to trauma of some kind to the neck or larynx. We found that, the number of post operative visits and duration of intensive care unit (ICU) stays is significantly longer for pediatric patients one to three weeks depending on the procedure) as compared to adult patients (typically 24-72 hours depending on the procedure).

Additionally, there were concerns with CPT code 31580 which appears to represent two procedures (the insertion and removal of a stent), and therefore, caused significant confusion to survey respondents in trying to assign pre and post time for two procedures, conducted on two dates of service. In response to this, we believe it is necessary to create two separate CPT codes to more accurately value this work.

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Last, upon review of the code family, it became clear that the need for retaining CPT 31588 had been eliminated by the development of CPT 3158X4, as this new code would represent virtually all of the volume previously attributed to CPT 31588. Based on input from our experts, 31588, if retained, would have an estimated utilization of 6-10 procedures per year. Therefore, we believe this code should be deleted upon further revision of the code family by the CPT Editorial Panel.

For the aforementioned reasons, we respectfully request permission to delay the RUC's review of Tab 4, Laryngoplasty until our specialty has the opportunity to revise the family of codes within the CPT Editorial Panel process. Our intention would be to submit a CCP for the October 2015 CPT meeting, to allow time to carefully and accurately revise this large family of codes. Thank you in advance for your consideration of this request. Should you have any questions or concerns, please contact our Alternate Advisor, John T. Lanza, MD at: okeedoc@aol.com or RUC staff, Jenna Minton, Esq. at jminton@entnet.org (517-927-8696).

Sincerely,

Wayne M. Koch, MD
AAO-HNS RUC Advisor

John T. Lanza, MD
AAO-HNS RUC Alternate Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth Screen

January 2015

Endobronchial Ultrasound

In October 2013, the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services, specifically CPT 31620 *Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s)* be surveyed for physician work and develop practice expense inputs.

Subsequent to the RUC January 2014 meeting, the RUC recommended referring CPT code 31620 to the CPT Editorial Panel to clarify that there is no overlap regarding the work of performing the biopsy(ies) associated with base code 31629 and other base codes in which add-on CPT code 31620 would typically be reported.

In October 2014, the CPT Editorial Panel deleted one code and created three new codes to describe bronchoscopic procedures that are inherently performed with Endobronchial Ultrasound (EBUS). The following represents this newly revised family approved by the CPT editorial panel.

31622 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic with cell washing, when performed (separate procedure)***

The RUC reviewed the survey results from 116 pulmonologists and critical care specialists and agreed that the following physician time components are appropriate for this service: pre-service time of 21 minutes, intra-service time of 30 minutes and immediate post-service time of 15 minutes.

The RUC reviewed the survey 25th percentile of 2.50 and agreed with the specialty that the current value of 2.78 is appropriate for this service. To justify this value, the RUC compared the survey code to MPC code 52332 *Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)* (work RVU=2.82, intra-service time of 25 minutes and total time of 56 minutes) and noted that the survey code has higher intra-service time and total time, and should be valued slightly higher than the reference code. Additionally, the RUC compared the survey code to MPC code 12052 *Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm* (work RVU=2.87, intra-service time of 30 minutes and total time of 70 minutes) and noted that both codes have identical intra-service time, though the reference code has slightly more total time, justifying a slightly lower value for the survey code. **The RUC recommends a work RVU of 2.78 for CPT code 31622.**

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31652 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration(s)/biopsy(ies)), one or two mediastinal and/or hilar lymph node stations or structures***

The RUC reviewed the survey results from 91 pulmonologists and critical care specialists and agreed that the following physician time components are appropriate for this service: pre-service time of 27 minutes, intra-service time of 60 minutes and immediate post-service time of 25 minutes. This newly bundled code is a procedure which bundles in the work from CPT code 31629, 31620 and 31633 (only for the 2nd lymph node station). The procedure requires two distinct bronchoscopes with one immediately following the other. First, the standard video bronchoscope is introduced into the airway and the airways are examined at the subsegmental level, then the standard bronchoscope is removed and the patient is reintubated with the endobronchial ultrasound scope. The endobronchial ultrasound scope is an angled viewing scope which is larger and more difficult to introduce and is used to image one to two lymph node stations.

The RUC observed that current coding structure for this would involve 5.49 RVUs for one lymph node station (31629+31620) and 6.82 for two lymph node stations (31629+31620+31633+31633). The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey median work RVU of 5.00 is appropriate. To justify this value, the RUC compared the survey code to top key reference code 31660 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe* (work RVU=4.25, intra-service time of 50 minutes and total time of 105 minutes) and noted that the survey code has more intra-service time and total time and therefore should be valued higher. Additionally, the RUC compared the survey code to CPT code 50382 *Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation* (work RVU=5.50, intra-service time of 60 minutes and total time of 125 minutes) and noted that both services have identical intra-service times, though the survey code has less total time, supporting a somewhat lower value for the survey code. **The RUC recommends a work RVU of 5.00 for CPT code 31652.**

31653 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration(s)/biopsy(ies), 3 or more mediastinal and/or hilar lymph node stations or structures***

The RUC reviewed the survey results from 91 pulmonologists and critical care specialists and agreed that the following physician time components are appropriate for this service: pre-service time of 27 minutes, intra-service time of 75 minutes and immediate post-service time of 25 minutes. This newly bundled code is a procedure which bundles in the work from CPT code 31629, 31620 and 31633 (only additional lymph node stations). The procedure requires two distinct bronchoscopes with one immediately following the other. First, the standard video bronchoscope is introduced into the airway and the airways are examined at the subsegmental level, then the standard bronchoscope is removed

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and the patient is reintubated with the endobronchial ultrasound scope. The endobronchial ultrasound scope is an angled viewing scope which is larger and more difficult to introduce and is used to image three or more lymph node stations.

The RUC observed that current coding structure for this would involve 8.14 RVUs for three lymph node stations (31629+31620+31633+31633). The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey median work RVU of 5.50 is appropriate. To justify this value, the RUC compared the survey code to CPT code 50382 *Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation* (work RVU=5.50, intra-service time of 60 minutes and total time of 125 minutes) and noted that the survey code has more intra-service time though somewhat less intensity, supporting a similar valuations. Additionally, the RUC compared the survey code to CPT code 33946 *Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous* (work RVU= 6.00, intra-service time of 73 minutes and total time of 133 minutes, and noted that the survey code has slightly more intra-service time, though slightly less total time and a somewhat lower intensity, supporting a somewhat lower valuation. **The RUC recommends a work RVU of 5.50 for CPT code 31653.**

31625 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites***

The RUC reviewed the survey results from 100 pulmonologists and critical care specialists and agreed that the following physician time components are appropriate for this service: pre-service time of 23 minutes, intra-service time of 35 minutes and immediate post-service time of 15 minutes. Although the RUC rarely approves a 75th percentile intra-service time, the RUC agreed that 35 minutes are justified, as the work of 31625 involves all of the intra-service work of 31622 (30 minutes intra-service time) and also some additional time for performance of the biopsy. The RUC also noted that of survey respondents that surveyed both 31622 and 31625, the respondents indicated that 31625 takes more time to perform.

The RUC reviewed the survey median of 3.48 RVUs and agreed with the specialty that the current value of 3.36 is appropriate for this service. To justify this value, the RUC compared the survey code to MPC code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50, intra-service time of 30 minutes and total time of 79 minutes) and noted that the survey code has somewhat more intra-service time though less total time, supporting a similar valuation. In addition, the RUC compared the survey code to MPC code 12052 *Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm* (work RVU=2.87, intra-service time of 30 minutes and total time of 70 minutes) and noted that the survey code has more intra-service time, though the survey code has similar total time relative to the reference code, justifying a higher value for the survey code. **The RUC recommends a work RVU of 3.36 for CPT code 31625.**

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31626 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple***
The RUC reviewed the survey results from 64 pulmonologists and critical care specialists and agreed that the following physician time components are appropriate for this service: pre-service time of 23 minutes, intra-service time of 45 minutes and immediate post-service time of 20 minutes.

The RUC reviewed the survey median of 4.38 RVUs and agreed with the specialty that the current value of 4.16 is appropriate for this service. To justify this value, the RUC compared the survey code to MPC code 11044 *Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less* (work RVU= 4.10, intra-service time of 45 minutes and total time of 116 minutes) and noted that both services have identical intra-service times though the survey code has a higher intensity, justifying a somewhat higher value for the survey code. In addition, the RUC compared the survey code to CPT code 33992 *Removal of percutaneous ventricular assist device at separate and distinct session from insertion* (work RVU= 4.00, intra-service time of 45 minutes and total time of 105 minutes) and noted that both codes have identical intra-service times, whereas the survey code has somewhat more intensity, justifying a somewhat higher value for the survey code. **The RUC recommends a work RVU of 4.16 for CPT code 31626.**

31628 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe***
The RUC reviewed the survey results from 101 pulmonologists and critical care specialists and agreed that the following physician time components are appropriate for this service: pre-service time of 23 minutes, intra-service time of 40 minutes and immediate post-service time of 20 minutes.

The RUC reviewed the survey median of 3.85 RVUs and agreed with the specialty that the current value of 3.80 is appropriate for this service. To justify this value, the RUC compared the survey code to MPC code 11044 *Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less* (work RVU= 4.10, intra-service time of 45 minutes and total time of 116 minutes) and noted that the survey code has somewhat less intra-service time and less total time, justifying a lower value for the survey code. In addition, the RUC compared the survey code to CPT code 33992 *Removal of percutaneous ventricular assist device at separate and distinct session from insertion* (work RVU= 4.00, intra-service time of 45 minutes and total time of 105 minutes) and noted that the survey code has somewhat less intra-service time and less total time, justifying a somewhat lower value for the survey code. **The RUC recommends a work RVU of 3.80 for CPT code 31628.**

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31629 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)***

The RUC reviewed the survey results from 105 pulmonologists and critical care specialists and agreed that the following physician time components are appropriate for this service: pre-service time of 23 minutes, intra-service time of 35 minutes and immediate post-service time of 20 minutes.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey median work RVU of 4.00 is appropriate. To justify this value, the RUC compared the survey code to MPC code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50, intra-service time of 30 minutes and total time of 79 minutes) and noted that the survey code has more intra-service time and near identical total time, supporting a higher valuation for the survey code. In addition, the RUC compared the survey code to CPT code 20660 *Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)* and noted that the survey code has more intra-service time and less total time, supporting a similar value for the survey code. **The RUC recommends a work RVU of 4.00 for CPT code 31629.**

31654 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])***
The RUC reviewed the survey results from 70 pulmonologists and critical care specialists and agreed that the following physician time components are appropriate for this service: intra-service time of 30 minutes. This new add-on code is a procedure where a standard bronchoscopy is performed and then through the standard bronchoscope a catheter ultrasound probe is introduced and fed to the periphery of the lung to identify peripheral lesions for sampling and diagnosis.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 1.70 is appropriate. To justify this value, the RUC compared the survey code to top key reference code 31637 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)* (work RVU= 1.58, intra-service time of 30 minutes) and noted that both codes have identical intra-service time, whereas the survey code is somewhat more intense, justifying a somewhat higher work value for the survey code. In addition, the RUC compared the survey code to the second highest key reference and MPC code 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (work RVU= 2.25, intra-service time of 30 minutes), and noted that although both services have identical intra-service time, the reference code has a higher intensity, justifying a lower value for the survey code. **The RUC recommends a work RVU of 1.70 for CPT code 31654.**

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31632 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 95 pulmonologists and critical care specialists and agreed that the following physician time component is appropriate for this service: intra-service time of 18 minutes.

The RUC reviewed the survey 25th percentile RVU of 1.34 and agreed with the specialty that the current value of 1.03 is appropriate for this service. To justify this value, the RUC compared the survey code to MPC code 64480 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)* (work RVU= 1.20, intra-service time of 15 minutes) and noted that although the survey code has somewhat more intra-service time than the reference code, it also has somewhat less intensity, justifying a somewhat lower work value for the survey code. In addition, the RUC compared the survey code to CPT code 64491 *Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)* (work RVU= 1.16, intra-service time of 15 minutes) and noted that although the survey code has somewhat more intra-service time than the reference code, it also has somewhat less intensity, justifying a somewhat lower work value for the survey code. **The RUC recommends a work RVU of 1.03 for CPT code 31632.**

31633 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 86 pulmonologists and critical care specialists and agreed that the following physician time component is appropriate for this service: intra-service time of 20 minutes.

The RUC reviewed the survey 25th percentile RVU of 1.50 and agreed with the specialty that the current value of 1.32 is appropriate for this service. To justify this value, the RUC compared the survey code to MPC code 64480 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)* (work RVU= 1.20, intra-service time of 15 minutes) and noted that although the survey code has more intra-service time than the reference code and similar intensity, justifying a somewhat higher work value for the survey code. In addition, the RUC compared the survey code to CPT code 64491 *Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)* (work RVU= 1.16, intra-service time of 15 minutes) and noted that although the survey code has more intra-service time than the reference code and similar intensity, justifying a somewhat higher work value for the survey code. **The RUC recommends a work RVU of 1.32 for CPT code 31633.**

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New Technology
CPT codes 31652, 31653 and 31654 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee. Some of the modifications include the following:

- The clinical staff type for pre-service time revised from RN/RT L047C to RN/LPN/MTA L037D (lines 12-16).
- The clinical staff time for a phone call was revised to 3 minutes for nonfacility and facility settings to meet RUC standards (line 16).
- 15 minutes of RN time (per one hour monitoring) for monitoring the patient after procedure (line 34) was determined to be monitoring the patient after moderate sedation (line 33) and the line items were changed to reflect this.
- 5 liters of gas, oxygen (SD084) per intra-service physician time is what is clinically necessary for these services, however 2 liters are already provided in the pack, moderate sedation (SA044) so the supply quantity is 3 times the assist physician time (line 31).The PE Subcommittee had a robust discussion of what equipment is needed for these procedures. The Subcommittee determined that the endoscope, ultrasound probe, balloon sheath (ES014) is not needed for any of the codes and the new equipment, endoscope, ultrasound radial probe; endoscope, ultrasound probe, drive; and endoscope, ultrasound probe, processor and keyboard, is only needed for CPT code 31654. For CPT codes 31652 and 31653 only, the procedure requires two distinct bronchoscopes with one immediately following the other. First, the standard video bronchoscope, fiberscope, flexible, bronchoscopy (ES017), is introduced into the airway and the airways are examined at the subsegmental level, then the standard bronchoscope is removed and the patient is reintubated with the endobronchial ultrasound scope, Flexible dual-channeled EBUS bronchoscope (EQ361). The endobronchial ultrasound scope is an angled viewing scope which is larger and more difficult to introduce and is used to image three or more lymph node stations.
- All equipment minute calculations were updated to include the appropriate line items.

Work Neutrality
The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Respiratory System** **Trachea and Bronchi** **Endoscopy** *For endoscopy procedures, code appropriate endoscopy and each anatomic site examined. Surgical bronchoscopy always includes diagnostic bronchoscopy when performed by the same physician. Codes 31622-31651, 31660, 31661 include fluoroscopic guidance, when performed.* Codes 31652 and 31653 are complete services used for sampling (eg, aspiration/biopsy) lymph node(s) or adjacent structure(s) utilizing endobronchial ultrasound (EBUS) and are reported separately. Code 31654 is an add-on code and should be reported for identifying one or more peripheral lesion(s) with transendoscopic ultrasound. ~~(For tracheoscopy, see laryngoscopy codes 31515-31578)~~ ⊙*31615* *Tracheobronchoscopy through established tracheostomy incision* (For tracheoscopy, see laryngoscopy codes 31515-31578)				
~~⊙✚31620~~		~~Endobronchial, ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])~~ ~~(Use 31620 in conjunction with 31622-31646)~~ (Code 31620 has been deleted. For bronchoscopy with integrated endobronchial ultrasound (EBUS) guided transtracheal/transbronchial sampling of mediastinal and/or hilar lymph node stations or structures, see 31652, 31653). For transendoscopic ultrasound during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), use 31654)	ZZZ	N/A

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⦿●31622(f)	E2	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic with cell washing, when performed (separate procedure)	000	2.78 (No Change)
⦿●31652	E3	with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration(s)/biopsy(ies)), one or two mediastinal and/or hilar lymph node stations or structures	000	5.00
⦿●31653	E4	with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration(s)/biopsy(ies), 3 or more mediastinal and/or hilar lymph node stations or structures	000	5.50
⦿31625(f)	E5	with bronchial or endobronchial biopsy(s), single or multiple sites	000	3.36 (No Change)
⦿31626(f)	E6	with placement of fiducial markers, single or multiple	000	4.16 (No Change)
⦿31628(f)	E7	with transbronchial lung biopsy(s), single lobe	000	3.80 (No Change)
⦿31629(f)	E8	with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	000	4.00
⦿✚●31654	E9	with endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	ZZZ	1.70

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⊙✚31632(f)	E10	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	ZZZ	1.03 (No Change)
⊙✚31633(f)	E11	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	ZZZ	1.32 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31622 Tracking Number E2 Original Specialty Recommended RVU: **2.78**
Presented Recommended RVU: **2.78**
Global Period: 000 RUC Recommended RVU: **2.78**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old man undergoes a diagnostic fiberoptic bronchoscopy evaluation of hemoptysis. His chest x-ray is normal.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 90%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work: The patient's pre-procedural work-up and records are reviewed. Communication with other professionals, the patient and family is completed. The physician examines the patient to verify that the patient can undergo the procedure. The physician verifies the identity of the patient and the procedure to be performed in accord with JCAHO regulations. The details of the procedure are reviewed with the patient, including possible complications, and the patient signs a consent form. The patient is brought into the bronchoscopy suite and is positioned for bronchoscopy. Need for respiratory isolation procedures are assessed and are used where appropriate. Leads for monitoring blood pressure, pulse, ECG, ETCO2 and SpO2 are applied to the patient, and these are monitored continuously throughout the procedure. Oxygen via nasal cannula is begun. The patient breathes a topical anesthetic through a nebulizer. An IV line is placed and a saline infusion is started. The physician re-verifies the identity of the patient and the procedure to be performed with the team. Moderate sedation is begun intravenously until the patient is well sedated. The physician dresses and a lead apron and thyroid protector is donned in the event that fluoroscopy is required.

Description of Intra-Service Work: Once the patient has achieved appropriate topical anesthesia and moderate sedation, oxygen is used to maintain normal oxygen saturations. A fiberoptic bronchoscope is inserted through the mouth or nostril, visualizing the upper airways to the vocal cords. The vocal cords are visualized and observed for function. The bronchoscope is advanced into the trachea. All of the airways are inspected, the patient has mild erythema throughout the tracheobronchial tree. In the right lower lobe blood is seen coming from the right posterior basilar segment. Sterile saline washings of this bronchus are obtained and sent for culture and cytologic examination.

Description of Post-Service Work: The patient's blood pressure, pulse, ECG, and SpO2 are monitored. Oxygen is continued to maintain normal oxygen saturations. The bronchoscopy report is completed. The pathology slip is filled out

for the biopsies. A moderate sedation form is filled out. The family is visited, and the procedure results are explained to them, as well as how the patient did during the procedure and the patient's current condition. Once the patient is awake, the bronchoscopy findings are discussed with the patient. Orders for when the patient can drink or eat are given to the patient and family. Once the patient has awakened, has stable vital signs, and feels well enough to leave, the patient is discharged from the bronchoscopy suite. Once the results from the bronchoscopy have been finalized, the patient is called, the results delivered, and plans for therapy and future studies are discussed with the patient and finalized. A letter is written to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Katina Nicolacakis MD (ATS), Alan Plummer, MD (ATS), Burt Lesnick (CHEST), Robert DeMarco, MD (CHEST) and Kevin Kovitz, MD (ATS and CHEST)		
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)		
CPT Code:	31622		
Sample Size:	10139	**Resp N:** 116	**Response:** 1.1 %
Description of Sample:	Random survey of both ATS and CHEST membership.		

		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	25.00	**50.00**	158.00	700.00
Survey RVW:		1.39	2.50	**3.10**	3.50	5.00
Pre-Service Evaluation Time:				**13.00**		
Pre-Service Positioning Time:				**5.00**		
Pre-Service Scrub, Dress, Wait Time:				**10.00**		
Intra-Service Time:		10.00	20.00	**30.00**	35.00	50.00
Immediate Post Service-Time:	**15.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	31622	**Recommended Physician Work RVU: 2.78**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**19.00**	**-6.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**25.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32555	000	2.27	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31630	000	3.81	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	13,698

CPT Descriptor 1 Aspiration of bladder; with insertion of suprapubic catheter

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.82	**RUC Time**	166,775

CPT Descriptor 2 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 45 **% of respondents:** 38.7 **%**

Number of respondents who choose 2nd Key Reference Code: 31 **% of respondents:** 26.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 31622	Top Key Reference CPT Code: 32555	2nd Key Reference CPT Code: **31630**
Median Pre-Service Time	21.00	22.00	50.00
Median Intra-Service Time	30.00	20.00	45.00
Median Immediate Post-service Time	15.00	15.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**66.00**	**57.00**	**125.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.56	0.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.33	0.13
Urgency of medical decision making	0.56	0.13
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.56	-0.69
Physical effort required	0.28	-0.44
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.17	-1.13
Outcome depends on the skill and judgment of physician	0.22	-0.44
Estimated risk of malpractice suit with poor outcome	0.28	-0.88

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.44	-0.56

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In October 2013, the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services, specifically CPT 31620 (*Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s))* be surveyed for physician work and develop practice expense inputs.

The specialty societies indicated, the RUC agreed and approved the compelling evidence arguments that there has been a change in instrumentation and typical patient due to new technology. The equipment for Endobronchial Ultrasound (EBUS) has evolved since CPT code 31620 was last surveyed and evaluated by the RUC in 2004. The physician work has changed in the following ways:

1) Currently there is a separate bronchoscope that has the EBUS probe built into the tip. This is the standard technique for obtaining EBUS guided biopsies from mediastinal and hilar locations.
2) The technique for using the newer bronchoscope requires the acquisition of new skills as the camera is at a 30 degree angle from the tip of the scope. The operator has to navigate the bronchoscope looking at the airway from an angle rather than the end of the scope.
3) The ultrasound is visualized in real time during the biopsy procedure, and needs to be continuously adjusted in the field of view. This is a change from the prior technique in which the target was visualized and then the ultrasound (US) catheter removed to allow for the biopsy needle/forceps to be inserted into the same channel.

Refer to CPT

Subsequent to the RUC January 2014 meeting the RUC recommended referring CPT code 31620 to the CPT Editorial Panel to clarify that there is no overlap regarding the work of performing the biopsy(ies) associated with base code 31629 and other base codes in which add-on CPT code 31620 would be typically be reported. Tab 5 Endobronchial Ultrasound (EBUS) represents this newly revised family approved by the CPT editorial panel. Compelling evidence has already been reviewed and approved by the RUC, for details including references refer to the January 2014 Tab 22-31620 SoR.

Survey Results & ATS/CHEST Recommendations:
CPT 31622

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for a call and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 116 responses to this large 10 code family survey request. The survey pool was a standard random sample from both societies de-duplicating the members so any potential participant only received one survey request.

The survey performance rate median of 50 studies per year among the 116 respondents is a reasonable rate given the RUC database volume for 2013 is 74,361 for this procedure.

- 87% of respondents found the vignette to be typical.
- 90% of respondents said that this service was typically performed in the Hospital ASC setting with moderate sedation.
- 77% of the respondents said that this service was not provided in the office setting.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 1b-FAC straightforward patient procedure with sedation/anesthesia. We reduced the pre-service evaluation time by six minutes consistent with the survey median and added two minutes to the standard positioning time; we did not adjust the pre service scrub, dress and wait time from the package. The addition of the two (total of 3 minutes) minutes is supported by the survey median of five minutes and consistent with the recently RUC approved colonoscopy positioning times to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and moderate sedation monitoring. The ATS/CHEST panel chose post service package 8A IV sedation/simple procedure adjusting by 10 minutes consistent with our survey median time of 15 minutes.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 30 minutes accurately reflects the time required to perform this service today and is consistent with the current median time. After review of the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 30 minutes with (13, 3, 5 total 21) pre and 15 post time for CPT 31622.

Work:

Survey respondents estimated a median work RVW of 3.10, based on a comparison to the top two key reference services. The survey results supports the top two reference service codes chosen by the survey respondents, CPT 32555 *Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance* (RVW 2.27) to have all higher measures including overall time intensity complexity and CPT 31630 B*ronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture* (RVW 3.81) to have a lower time work intensity and complexity, skill and psychological stress than 31622.

The expert panel compared 31622 to two MPC codes CPT 51102 Global 000 (*Aspiration of bladder; with insertion of suprapubic catheter),* (RVW 2.70, times 25-20-15, total 60 min) and CPT 52332 Global 000 (*Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)),* (RVW 2.82, times 21-25-10, total 56 min). We believe these procedures along with our survey result support maintaining the current relative value.

In summary, we recommend maintaining the current RVW of 2.78 for 31622 with our median times per the survey adjusted per the preservice packages as noted earlier for a pre service total time 21 minutes, intra service time 30 minutes and post time 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31622

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Critical Care/Intensivist How often? Sometimes

Specialty Thoracic Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 223083
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 Medicare utilization times 3

Specialty Pulmonary Frequency 113772 Percentage 50.99 %

Specialty Critical Care/Intensivist Frequency 33462 Percentage 14.99 %

Specialty Thoracic Surgery Frequency 13385 Percentage 6.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 74,361 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 Medicare utilization

Specialty Pulmonary Frequency 37924 Percentage 50.99 %

Specialty Critical Care/Intensivist Frequency 11154 Percentage 14.99 %

Specialty Thoracic Surgery Frequency 4462 Percentage 6.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31622

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31652 Tracking Number E3 Original Specialty Recommended RVU: **5.00**
Presented Recommended RVU: **5.00**
Global Period: 000 RUC Recommended RVU: **5.00**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures
(Use 3160X3 in conjunction with 31622, 31625, 31626, 31628, 31629, 3160X1, 3160X2)
(For EBUS to access mediastinal or hilar lymph node station(s) or adjacent structure(s) see 3160X1, 3160X2)
(Report 3160X1, 3160X2, 3160X3 only once per session)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: In patient with known or suspected lung cancer, endobronchial ultrasound is used to identify and aspirate/biopsy one mediastinal and one hilar lymph node station.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 59%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 8%

Description of Pre-Service Work: The patient's pre-procedural work-up and records are reviewed. Communication with other professionals, the patient and family is completed. The physician examines the patient to verify that the patient can undergo the procedure. The physician verifies the identity of the patient and the procedure to be performed in accord with JCAHO regulations. The details of the procedure are reviewed with the patient, including possible complications, and the patient signs a consent form. The patient is brought into the bronchoscopy suite and is positioned for bronchoscopy. Need for respiratory isolation procedures are assessed and are used where appropriate. Leads for monitoring blood pressure, pulse, ECG, ETCO2 and SpO2 are applied to the patient, and these are monitored continuously throughout the procedure. Oxygen via nasal cannula is begun. The patient breathes a topical anesthetic through a nebulizer. An IV line is placed and a saline infusion is started. The physician re-verifies the identity of the patient and the procedure to be performed with the team. Moderate sedation is begun intravenously until the patient is well sedated. The physician dresses and a lead apron and thyroid protector is donned in the event that fluoroscopy is required.

Description of Intra-Service Work: Once the patient has achieved appropriate topical anesthesia and moderate sedation, oxygen is used to maintain normal oxygen saturations. A fiberoptic bronchoscope is inserted through the mouth or nostril, visualizing the upper airways to the vocal cords. The vocal cords are visualized and observed for function. The bronchoscope is advanced into the trachea. All of the airways are inspected.

After removal of the standard video bronchoscope, the dedicated ultrasound bronchoscope is introduced into the airway. The angled view of the guiding image requires increased attention to airway structures. The trachea is entered and systematic evaluation using ultrasound is done in the bilateral paratracheal, subcarinal and bilateral hilar locations. The balloon may be inflated to assist in imaging as needed. Vascular structures, masses and lymph nodes are identified and measured to determine targets for sampling. Doppler flow determinations are made as required. Careful determination of the initial and subsequent locations for sampling or access are made to ensure adequate sampling is achieved. Once the initial target is identified, the scope position is relaxed and a needle in a catheter is passed via the working channel of the bronchoscope. The catheter is adjusted into position and the scope positioned to best access the target lesion and avoid vascular structures. The ultrasound imaging is then used to reacquire the target and the needle is passed under observation into the target and a specimen is obtained. The process is repeated multiple times to obtain adequate specimen for analysis. Once done, the process is repeated if a second target location is identified for access.

Description of Post-Service Work: The patient's blood pressure, pulse, ECG, and SpO2 are monitored. Oxygen is continued to maintain normal oxygen saturations. The bronchoscopy report is completed. The pathology slip is filled out for the biopsies. A moderate sedation form is filled out. The family is visited, and the procedure results are explained to them, as well as how the patient did during the procedure and the patient's current condition. Once the patient is awake, the bronchoscopy findings are discussed with the patient. Recommendations for when the patient can drink or eat are given to the patient and family. Once the patient has awakened, has stable vital signs, and feels well enough to leave, the patient is discharged from the bronchoscopy suite. After the results from the bronchoscopy have been finalized, the patient is called, the results delivered, and plans for therapy and future studies are discussed with the patient and finalized. A letter is written to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Katina Nicolacakis MD (ATS), Alan Plummer, MD (ATS), Burt Lesnick (CHEST), Robert DeMarco, MD (CHEST) and Kevin Kovitz, MD (ATS and CHEST)		
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)		
CPT Code:	31652		
Sample Size:	10139	**Resp N:** 91	**Response:** 0.8 %
Description of Sample:	Random survey of both ATS and CHEST membership.		

		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	20.00	**50.00**	100.00	1250.00
Survey RVW:		3.35	4.25	**5.00**	5.50	7.00
Pre-Service Evaluation Time:				**20.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**10.00**		
Intra-Service Time:		15.00	45.00	**60.00**	70.00	120.00
Immediate Post Service-Time:	**25.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	31652	**Recommended Physician Work RVU: 5.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**25.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31660	000	4.25	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31634	000	4.00	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	52,401

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 39 **% of respondents:** 42.8 **%**

Number of respondents who choose 2nd Key Reference Code: 26 **% of respondents:** 28.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 31652	Top Key Reference CPT Code: 31660	2nd Key Reference CPT Code: **31634**
Median Pre-Service Time	27.00	25.00	25.00
Median Intra-Service Time	60.00	50.00	45.00
Median Immediate Post-service Time	25.00	30.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**112.00**	**105.00**	**90.00**
Other time if appropriate		0.00	

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.11	1.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.89	1.00
Urgency of medical decision making	0.83	1.13
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.72	1.00
Physical effort required	0.33	0.88
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.06	0.75
Outcome depends on the skill and judgment of physician	0.56	1.00

Estimated risk of malpractice suit with poor outcome	0.39	0.88

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.61	1.13

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In October 2013, the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services, specifically CPT 31620 (*Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s))* be surveyed for physician work and develop practice expense inputs.

The specialty societies indicated, the RUC agreed and approved the compelling evidence arguments that there has been a change in instrumentation and typical patient due to new technology. The equipment for Endobronchial Ultrasound (EBUS) has evolved since CPT code 31620 was last surveyed and evaluated by the RUC in 2004. The physician work has changed in the following ways:

1) Currently there is a separate bronchoscope that has the EBUS probe built into the tip. This is the standard technique for obtaining EBUS guided biopsies from mediastinal and hilar locations.
2) The technique for using the newer bronchoscope requires the acquisition of new skills as the camera is at a 30 degree angle from the tip of the scope. The operator has to navigate the bronchoscope looking at the airway from an angle rather than the end of the scope.
3) The ultrasound is visualized in real time during the biopsy procedure, and needs to be continuously adjusted in the field of view. This is a change from the prior technique in which the target was visualized and then the ultrasound (US) catheter removed to allow for the biopsy needle/forceps to be inserted into the same channel.

Refer to CPT

Subsequent to the RUC January 2014 meeting the RUC recommended referring CPT code 31620 to the CPT Editorial Panel to clarify that there is no overlap regarding the work of performing the biopsy(ies) associated with base code 31629 and other base codes in which add-on CPT code 31620 would be typically be reported. Tab 5 Endobronchial Ultrasound (EBUS) represents this newly revised family approved by the CPT editorial panel. Compelling evidence has already been reviewed and approved by the RUC, for details including references refer to the January 2014 Tab 22-31620 SoR.

Survey Results & ATS/CHEST Recommendations:
CPT 31652

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for a call and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 91 responses to this large 10 code family survey request. The survey pool was a standard random sample from

both societies de-duplicating the members so any potential participant only received one survey request. The survey performance rate median of 50 studies per year among the 91 respondents is a reasonable rate given the services and technology has changed since 2014.

- 95% of respondents found the vignette to be typical.
- 59% of respondents said that this service was typically performed in the Hospital ASC setting with moderate sedation.
- 79% of the respondents said that this service was not provided in the office setting.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 1b-FAC straightforward patient procedure with sedation/anesthesia. We added two minutes to the standard positioning time; we did not adjust the pre time evaluation or the pre service scrub, dress and wait time from the package. The addition of the two (total of 3 minutes) minutes is supported by the survey median of five minutes and consistent with the recently RUC approved colonoscopy positioning times to account for positioning the patient, anesthesia lines, and video/scope equipment for both scope systems to allow access for the procedure and moderate sedation monitoring. The ATS/CHEST panel chose post service package 8A IV sedation/simple procedure time of 25 minutes supported by our survey median post time.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 60 minutes accurately reflects the time required to perform this service today. It should be noted that, using a separate bronchoscope, a full airway bronchoscopic evaluation is performed immediately prior to the insertion of a distinct ultrasound bronchoscope scope for the EBUS study. After review of the survey data in total and relativity between the family of codes and discussion with our experts, the expert panel is recommending our survey median intra-service time of 60 minutes with (19, 3, 5 total 27) pre and 25 post time for CPT 31652.

Work:

Survey respondents estimated a median work RVW of 5.00, based on a comparison to the top two key reference services. Since the entire family was under survey the reference list had limited codes to select that our expert panel thought would be considered by the survey as equal so it was expected that survey participants would have to choose either significantly lower or higher comparisons. Given this complexity of the reference service list the survey results continue to supports the top two reference service codes chosen by the survey respondents, CPT 31660 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe* (RVW 4.25) to have all higher measures including overall time intensity complexity and CPT 31634 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed* (RVW 4.00) to have all higher measures including overall time intensity complexity than 31652 as anticipated.

The expert panel compared 31652 to an MPC codes CPT 37191 Global 000 (*Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed),* (RVW 4.71, times 38-30-15, total 83 min). Additionally the expert panel compared 31652 to the codes listed in the table below. We believe these procedures along with our survey result support the median survey RVW and times.

Code	Short Description	Global Period	Pre-Service	Intra-Service	Post-Service	Total Time	Work RVW	IWPUT

50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	000	42	55	15	112	5.0	0.07029
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	000	45	60	30	135	5.18	0.58333
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	000	63	60	30	193	5.5	0.03854

*Note values for time and RVW from CY 2015 final rule published November 13, 2014.

In summary, we recommend the median RVW of 5.00 for 31652 with our median times per the survey per the preservice packages as noted earlier for a pre service total time 27 minutes, intra service time 60 minutes and post time 25 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31620

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Sometimes

Specialty Critical Care/Intensivist How often? Rarely

Specialty Thoracic Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 32000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 Medicare utilization times 3 volume split 31652 and 31653

Specialty Pulmonary Frequency 24000 Percentage 75.00 %

Specialty Critical Care/Intensivist Frequency 2700 Percentage 8.43 %

Specialty Thoracic Surgery Frequency 3000 Percentage 9.37 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,500 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 Medicare utilization volume split 31652 and 31653

Specialty Pulmonary Frequency 8100 Percentage 77.14 %

Specialty Critical Care/Intensivist Frequency 925 Percentage 8.80 %

Specialty Thoracic Surgery Frequency 1000 Percentage 9.52 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31620

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31653 Tracking Number E4 Original Specialty Recommended RVU: **5.50**
Presented Recommended RVU: **5.50**
Global Period: 000 RUC Recommended RVU: **5.50**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures
(Use 3160X3 in conjunction with 31622, 31625, 31626, 31628, 31629, 3160X1, 3160X2)
(For EBUS to access mediastinal or hilar lymph node station(s) or adjacent structure(s) see 3160X1, 3160X2)
(Report 3160X1, 3160X2, 3160X3 only once per session)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: In patient with known or suspected lung cancer, endobronchial ultrasound is used to identify and aspirate/biopsy two mediastinal and one hilar lymph node stations.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 59%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 8%

Description of Pre-Service Work: The patient's pre-procedural work-up and records are reviewed. Communication with other professionals, the patient and family is completed. The physician examines the patient to verify that the patient can undergo the procedure. The physician verifies the identity of the patient and the procedure to be performed in accord with JCAHO regulations. The details of the procedure are reviewed with the patient, including possible complications, and the patient signs a consent form. The patient is brought into the bronchoscopy suite and is positioned for bronchoscopy. Need for respiratory isolation procedures are assessed and are used where appropriate. Leads for monitoring blood pressure, pulse, ECG, ETCO2 and SpO2 are applied to the patient, and these are monitored continuously throughout the procedure. Oxygen via nasal cannula is begun. The patient breathes a topical anesthetic through a nebulizer. An IV line is placed and a saline infusion is started. The physician re-verifies the identity of the patient and the procedure to be performed with the team. Moderate sedation is begun intravenously until the patient is well sedated. The physician dresses and a lead apron and thyroid protector is donned in the event that fluoroscopy is required.

Description of Intra-Service Work: Once the patient has achieved appropriate topical anesthesia and moderate sedation, oxygen is used to maintain normal oxygen saturations. A fiberoptic bronchoscope is inserted through the mouth or nostril, visualizing the upper airways to the vocal cords. The vocal cords are visualized and observed for function. The bronchoscope is advanced into the trachea. All of the airways are inspected.

After removal of the standard video bronchoscope, the dedicated ultrasound bronchoscope is introduced into the airway. The angled view of the guiding image requires increased attention to airway structures. The trachea is entered and systematic evaluation using ultrasound is done in the bilateral paratracheal, subcarinal and bilateral hilar locations. The balloon may be inflated to assist imaging as needed. Vascular structures, masses and lymph nodes are identified and measured to determine targets for sampling. Doppler flow determinations are made as required. Careful determination of the initial and subsequent locations for sampling is made so that proper staging is achieved as this is crucial to both treatment and prognosis determinations. A sequential approach is taken to target both enlarged and non-enlarged nodes. Once the initial target is identified, the scope position is relaxed and a needle in a catheter is passed via the working channel of the bronchoscope. The catheter is adjusted into position and the scope positioned to best access the target lesion and avoid vascular structures. The ultrasound imaging is then used to reacquire the target and the needle is passed under observation into the target and a specimen is obtained. The process is repeated multiple times to obtain adequate specimen for analysis. Once done, the process is repeated for a total of three or more target locations identified for access.

Description of Post-Service Work: The patient's blood pressure, pulse, ECG, and SpO2 are monitored. Oxygen is continued to maintain normal oxygen saturations. The bronchoscopy report is completed. The pathology slip is filled out for the biopsies. A moderate sedation form is filled out. The family is visited, and the procedure results are explained to them, as well as how the patient did during the procedure and the patient's current condition. Once the patient is awake, the bronchoscopy findings are discussed with the patient. Recommendations for when the patient can drink or eat are given to the patient and family. Once the patient has awakened, has stable vital signs, and feels well enough to leave, the patient is discharged from the bronchoscopy suite. After the results from the bronchoscopy have been finalized, the patient is called, the results delivered, and plans for therapy and future studies are discussed with the patient and finalized. A letter is written to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Katina Nicolacakis MD (ATS), Alan Plummer, MD (ATS), Burt Lesnick (CHEST), Robert DeMarco, MD (CHEST) and Kevin Kovitz, MD (ATS and CHEST)		
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)		
CPT Code:	31653		
Sample Size:	10139	**Resp N:** 91	**Response:** 0.8 %
Description of Sample:	Random survey of both ATS and CHEST membership.		

		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	13.50	**32.00**	77.50	1250.00
Survey RVW:		3.60	4.50	**5.50**	6.45	8.50
Pre-Service Evaluation Time:				**25.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**10.00**		
Intra-Service Time:		25.00	60.00	**75.00**	90.00	150.00
Immediate Post Service-Time:	**25.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	31653	**Recommended Physician Work RVU: 5.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**25.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31661	000	4.50	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31600	000	4.25	**RUC Time**

CPT Descriptor Tracheostomy, planned (separate procedure);

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	52,401

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,721

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 39.5 **%**

Number of respondents who choose 2nd Key Reference Code: 30 **% of respondents:** 32.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 31653	Top Key Reference CPT Code: 31661	2nd Key Reference CPT Code: **31600**
Median Pre-Service Time	27.00	25.00	50.00
Median Intra-Service Time	75.00	60.00	40.00
Median Immediate Post-service Time	25.00	30.00	66.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**127.00**	**115.00**	**156.00**
Other time if appropriate		0.00	

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.14	0.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.00	1.00
Urgency of medical decision making	0.86	0.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.62	0.83
Physical effort required	0.92	0.67
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.38	0.00
Outcome depends on the skill and judgment of physician	1.43	0.33

Estimated risk of malpractice suit with poor outcome	1.01	0.99

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.71	0.83

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In October 2013, the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services, specifically CPT 31620 (*Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s))* be surveyed for physician work and develop practice expense inputs.

The specialty societies indicated, the RUC agreed and approved the compelling evidence arguments that there has been a change in instrumentation and typical patient due to new technology. The equipment for Endobronchial Ultrasound (EBUS) has evolved since CPT code 31620 was last surveyed and evaluated by the RUC in 2004. The physician work has changed in the following ways:

1) Currently there is a separate bronchoscope that has the EBUS probe built into the tip. This is the standard technique for obtaining EBUS guided biopsies from mediastinal and hilar locations.
2) The technique for using the newer bronchoscope requires the acquisition of new skills as the camera is at a 30 degree angle from the tip of the scope. The operator has to navigate the bronchoscope looking at the airway from an angle rather than the end of the scope.
3) The ultrasound is visualized in real time during the biopsy procedure, and needs to be continuously adjusted in the field of view. This is a change from the prior technique in which the target was visualized and then the ultrasound (US) catheter removed to allow for the biopsy needle/forceps to be inserted into the same channel.

Refer to CPT

Subsequent to the RUC January 2014 meeting the RUC recommended referring CPT code 31620 to the CPT Editorial Panel to clarify that there is no overlap regarding the work of performing the biopsy(ies) associated with base code 31629 and other base codes in which add-on CPT code 31620 would be typically be reported. Tab 5 Endobronchial Ultrasound (EBUS) represents this newly revised family approved by the CPT editorial panel. Compelling evidence has already been reviewed and approved by the RUC, for details including references refer to the January 2014 Tab 22-31620 SoR.

Survey Results & ATS/CHEST Recommendations:
CPT 31653

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for a call and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 91 responses to this large 10 code family survey request. The survey pool was a standard random sample from

both societies de-duplicating the members so any potential participant only received one survey request. The survey performance rate median of 32 studies per year among the 91 respondents is a reasonable rate given these services and technology has changed since 2014.

- 94% of respondents found the vignette to be typical.
- 59% of respondents said that this service was typically performed in the Hospital ASC setting with moderate sedation.
- 79% of the respondents said that this service was not provided in the office setting.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 1b-FAC straightforward patient procedure with sedation/anesthesia. We added two minutes to the standard positioning time; we did not adjust the pre time evaluation or the pre service scrub, dress and wait time from the package. The addition of the two (total of 3 minutes) minutes is supported by the survey median of five minutes and consistent with the recently RUC approved colonoscopy positioning times to account for positioning the patient, anesthesia lines, and video/scope equipment for both scope systems to allow access for the procedure and moderate sedation monitoring. The ATS/CHEST panel chose post service package 8A IV sedation/simple procedure time of 25 minutes supported by our survey median post time.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 75 minutes accurately reflects the time required to perform this service today. It should be noted that, using a separate bronchoscope, a full airway bronchoscopic evaluation is performed immediately prior to the insertion of a distinct ultrasound bronchoscope scope for the EBUS study. After review of the survey data in total and relativity between the family of codes and discussion with our experts, the expert panel is recommending our survey median intra-service time of 75 minutes with (19, 3, 5 total 27) pre and 25 post time for CPT 31653.

Work:

Survey respondents estimated a median work RVW of 5.50, based on a comparison to the top two key reference services. Since the entire family was under survey the reference list had limited codes to select that our expert panel thought would be considered by the survey as equal so it was expected that survey participants would have to choose either significantly lower or higher comparisons. Given this complexity of the reference service list the survey results continue to supports the top two reference service codes chosen by the survey respondents, CPT 31661 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes* (RVW 4.50) to have all higher measures including overall time intensity complexity and CPT 31600 *Tracheostomy, planned (separate procedure)* (RVW 7.17) to have all higher measures including overall time intensity complexity than 31653.

The expert panel compared 31653 to two MPC codes CPT 37191 Global 000 (*Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed),* (RVW 4.71, times 38-30-15, total 83 min) and CPT 52235 C*ystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (RVW 5.44, times 29-45-20, total 94 min). Additionally the expert panel compared 31653 to the codes listed in the table below. We believe these procedures along with our survey result support the median survey RVW and times.

Code	Short Description	Global	Pre-	Intra-	Post-	Total	Work	IWPUT

		Period	Service	Service	Service	Time	RVW	
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	000	63	60	30	193	5.5	0.03854
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	000	45	60	30	135	5.68	0.07024
37202	Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)	000	65	65	35	165	5.67	0.05716
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	000	50	60	15	125	5.50	0.06978
19298	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	000	60	60	30	169	6.00	0.05930

*Note values for time and RVW from CY 2015 final rule published November 13, 2014.

In summary, we recommend the median RVW of 5.50 for 31653 with our median times per the survey per the preservice packages as noted earlier for a pre service total time 27 minutes, intra service time 75 minutes and post time 25 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31620

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Sometimes

Specialty Critical Care/Intensivist How often? Rarely

Specialty Thoracic Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 32000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 Medicare utilization times 3 volume split X1 and X2

Specialty Pulmonary Frequency 24000 Percentage 75.00 %

Specialty Critical Care/Intensivist Frequency 2700 Percentage 8.43 %

Specialty Thoracic Surgery Frequency 3000 Percentage 9.37 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,500 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 Medicare utilization volume split X1 and X2

Specialty Pulmonary Frequency 8100 Percentage 77.14 %

Specialty Critical Care/Intensivist Frequency 925 Percentage 8.80 %

Specialty Thoracic Surgery Frequency 1000 Percentage 9.52 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31620

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31625 Tracking Number E5 Original Specialty Recommended RVU: **3.36**
Presented Recommended RVU: **3.36**
Global Period: 000 RUC Recommended RVU: **3.36**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient with bilateral hilar adenopathy is thought to have possible sarcoidosis and bronchoscopy is performed for diagnosis. Multiple bronchial mucosal biopsies are obtained by direct vision at multiple sites from the trachea and proximal lobar bronchi.

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 90%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 7%

Description of Pre-Service Work: The patient's pre-procedural work-up and records are reviewed. Communication with other professionals, the patient and family is completed. The physician examines the patient to verify that the patient can undergo the procedure. The physician verifies the identity of the patient and the procedure to be performed in accord with JCAHO regulations. The details of the procedure are reviewed with the patient, including possible complications, and the patient signs a consent form. The patient is brought into the bronchoscopy suite and is positioned for bronchoscopy. Need for respiratory isolation procedures are assessed and are used where appropriate. Leads for monitoring blood pressure, pulse, ECG, ETCO2 and SpO2 are applied to the patient, and these are monitored continuously throughout the procedure. Oxygen via nasal cannula is begun. The patient breathes a topical anesthetic through a nebulizer. An IV line is placed and a saline infusion is started. The physician re-verifies the identity of the patient and the procedure to be performed with the team. Moderate sedation is begun intravenously until the patient is well sedated. The physician dresses and a lead apron and thyroid protector is donned in the event that fluoroscopy is required.

Description of Intra-Service Work: Once the patient has achieved appropriate topical anesthesia and moderate sedation, oxygen is used to maintain normal oxygen saturations. A fiberoptic bronchoscope is inserted through the mouth or nostril, visualizing the upper airways to the vocal cords. The vocal cords are visualized and observed for function. The bronchoscope is advanced into the trachea. All of the airways are inspected and the site or sites for the bronchial biopsies are determined. The biopsy forceps is advanced through the suction channel of the bronchoscope into the airways. Bronchial biopsies are obtained from one or more sites and placed in formalin. The bronchoscope is gradually withdrawn from the airways, carefully inspecting the trachea and the subglottic area, and removed from the patient. The biopsy specimens are sent to Pathology.

Description of Post-Service Work: The patient's blood pressure, pulse, ECG, and SpO2 are monitored. Oxygen is continued to maintain normal oxygen saturations. The bronchoscopy report is completed. The pathology slip is filled out for the biopsies. A moderate sedation form is filled out. The family is visited, and the procedure results are explained to them, as well as how the patient did during the procedure and the patient's current condition. Once the patient is awake, the bronchoscopy findings are discussed with the patient. Orders for when the patient can drink or eat are given to the patient and family. Once the patient has awakened, has stable vital signs, and feels well enough to leave, the patient is discharged from the bronchoscopy suite. Once the results from the bronchoscopy have been finalized, the patient is called, the results delivered, and plans for therapy and future studies are discussed with the patient and finalized. A letter is written to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Katina Nicolacakis MD (ATS), Alan Plummer, MD (ATS), Burt Lesnick (CHEST), Robert DeMarco, MD (CHEST) and Kevin Kovitz, MD (ATS and CHEST)				
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)				
CPT Code:	31625				
Sample Size:	10139	**Resp N:** 100	**Response:** 0.9 %		
Description of Sample:	Random survey of both ATS and CHEST membership.				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	12.00	**25.00**	50.00	750.00
Survey RVW:	2.12	3.19	**3.48**	4.00	7.50
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	20.00	**28.00**	35.00	65.00
Immediate Post Service-Time:	**15.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	31625	**Recommended Physician Work RVU: 3.36**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**19.00**	**-4.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**25.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31630	000	3.81	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32551	000	3.29	**RUC Time**

CPT Descriptor Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,650

CPT Descriptor 1 OCystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 40 **% of respondents:** 40.0 **%**

Number of respondents who choose 2nd Key Reference Code: 28 **% of respondents:** 28.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 31625	Top Key Reference CPT Code: 31630	2nd Key Reference CPT Code: **32551**
Median Pre-Service Time	23.00	50.00	43.00
Median Intra-Service Time	30.00	45.00	20.00
Median Immediate Post-service Time	15.00	30.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**68.00**	**125.00**	**83.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.75	0.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.55	0.33
Urgency of medical decision making	-0.25	0.07
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.20	-0.27
Physical effort required	-0.10	0.13
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	-0.30	0.07
Outcome depends on the skill and judgment of physician	0.15	0.20

Estimated risk of malpractice suit with poor outcome	0.05	0.07

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.05	0.20

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In October 2013, the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services, specifically CPT 31620 (*Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s))* be surveyed for physician work and develop practice expense inputs.

The specialty societies indicated, the RUC agreed and approved the compelling evidence arguments that there has been a change in instrumentation and typical patient due to new technology. The equipment for Endobronchial Ultrasound (EBUS) has evolved since CPT code 31620 was last surveyed and evaluated by the RUC in 2004. The physician work has changed in the following ways:

1) Currently there is a separate bronchoscope that has the EBUS probe built into the tip. This is the standard technique for obtaining EBUS guided biopsies from mediastinal and hilar locations.
2) The technique for using the newer bronchoscope requires the acquisition of new skills as the camera is at a 30 degree angle from the tip of the scope. The operator has to navigate the bronchoscope looking at the airway from an angle rather than the end of the scope.
3) The ultrasound is visualized in real time during the biopsy procedure, and needs to be continuously adjusted in the field of view. This is a change from the prior technique in which the target was visualized and then the ultrasound (US) catheter removed to allow for the biopsy needle/forceps to be inserted into the same channel.

Refer to CPT

Subsequent to the RUC January 2014 meeting the RUC recommended referring CPT code 31620 to the CPT Editorial Panel to clarify that there is no overlap regarding the work of performing the biopsy(ies) associated with base code 31629 and other base codes in which add-on CPT code 31620 would be typically be reported. Tab 5 Endobronchial Ultrasound (EBUS) represents this newly revised family approved by the CPT editorial panel. Compelling evidence has already been reviewed and approved by the RUC, for details including references refer to the January 2014 Tab 22-31620 SoR.

Survey Results & ATS/CHEST Recommendations:
CPT 31625

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for a call and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of

100 responses to this large 10 code family survey request. The survey pool was a standard random sample from both societies de-duplicating the members so any potential participant only received one survey request. The survey performance rate median of 25 studies per year among the 100 respondents is a reasonable rate given the RUC database volume for 2013 is 25,040 for this procedure.

- 79% of respondents found the vignette to be typical.
- 90% of respondents said that this service was typically performed in the Hospital ASC setting with moderate sedation.
- 79% of the respondents said that this service was not provided in the office setting.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 1b-FAC straightforward patient procedure with sedation/anesthesia. We reduced the pre-service evaluation time by four minutes consistent with the survey median and added two minutes to the standard positioning time, we did not adjust the pre service scrub, dress and wait time from the package. The addition of the two (total of 3 minutes) minutes is supported by the survey median of five minutes and consistent with the recently RUC approved colonoscopy positioning times to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and moderate sedation monitoring. The ATS/CHEST panel chose post service package 8A IV sedation/simple procedure adjusting by 10 minutes consistent with our survey median time of 15 minutes.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 28 minutes accurately reflects the time required to perform this service today and is consistent with the current median time. After review of the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 30 minutes with (15, 3, 5 total 23) pre and 15 post time for CPT 31625.

Work:

Survey respondents estimated a median work RVW of 3.48, based on a comparison to the top two key reference services. The survey results supports the top two reference service codes chosen by the survey respondents CPT 31630 B*ronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture* (RVW 3.81) with a mix of higher and lower measures and CPT 32551 *Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)* (RVW 3.29) to have mostly higher measures including overall time intensity complexity than 31625.

The expert panel compared 31625 to MPC code CPT 52214 Global 000 (*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands),* (RVW 3.50, times 29-30-20, total 79 min). We believe this procedure along with our survey result support maintaining the current relative value.

In summary, we recommend maintaining the current RVW of 3.36 for 31625 with our median times per the survey adjusted per the preservice packages as noted earlier for a pre service total time 23 minutes, intra service time 30 minutes and post time 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31625

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Critical Care/Intensivist How often? Rarely

Specialty Thoracic Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 75120
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 Medicare utilization times 3

Specialty Pulmonary Frequency 54838 Percentage 73.00 %

Specialty Critical Care/Intensivist Frequency 4507 Percentage 5.99 %

Specialty Thoracic Surgery Frequency 5258 Percentage 6.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25,040 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 Medicare utilization

Specialty Pulmonary Frequency 18279 Percentage 72.99 %

Specialty Critical Care/Intensivist Frequency 1502 Percentage 5.99 %

Specialty Thoracic Surgery Frequency 1753 Percentage 7.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31625

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31626 Tracking Number E6 Original Specialty Recommended RVU: **4.16**
Presented Recommended RVU: **4.16**
Global Period: 000 RUC Recommended RVU: **4.16**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old smoker with COPD and lung cancer undergoes bronchoscopy to place fiducial markers into the airways or lung parenchyma.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 63%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 10%

Description of Pre-Service Work: The patient's pre-procedural work-up and records are reviewed. Communication with other professionals, the patient and family is completed. The physician examines the patient to verify that the patient can undergo the procedure. The physician verifies the identity of the patient and the procedure to be performed in accord with JCAHO regulations. The details of the procedure are reviewed with the patient, including possible complications, and the patient signs a consent form. The patient is brought into the bronchoscopy suite and is positioned for bronchoscopy. Need for respiratory isolation procedures are assessed and are used where appropriate. Leads for monitoring blood pressure, pulse, ECG, ETCO2 and SpO2 are applied to the patient, and these are monitored continuously throughout the procedure. Oxygen via nasal cannula is begun. The patient breathes a topical anesthetic through a nebulizer. An IV line is placed and a saline infusion is started. The physician re-verifies the identity of the patient and the procedure to be performed with the team. Moderate sedation is begun intravenously until the patient is well sedated. Since fluoroscopy is typical, the physician dresses and a lead apron and thyroid protector is donned.

Description of Intra-Service Work: Once the patient has achieved appropriate topical anesthesia and moderate sedation, oxygen is used to maintain normal oxygen saturations. A fiberoptic bronchoscope is inserted through the mouth or nostril, visualizing the upper airways to the vocal cords. The vocal cords are visualized and observed for function. The bronchoscope is advanced into the trachea. All of the airways are inspected and the site or sites for the bronchial biopsies are determined. The biopsy forceps is advanced through the suction channel of the bronchoscope into the airways. Pre-mark the needle-catheter or marker delivery tool and place a tool-limit mark on the proximal side of the tool. Navigate and reach the desired targeted lesion(s). Load the delivery device with the desired gold fiducial marker. The bronchoscope is advanced into the tracheobronchial tree noting any abnormalities. Load the delivery device with the desired gold fiducial marker. Insert the marker delivery tool into the catheter channel. Imaging (fluoroscopy, ultrasound, or other) is used to

verify placement and position of the delivery device tool. Deploy the gold fiducial marker into the soft lung tissue at target locations. Typically a median of 4 fiducial markers are placed. Remove the delivery tool. All steps in previous points are repeated until all targeted lesions and all markers have been placed. Insert the marker delivery tool into the catheter channel. Imaging (fluoroscopy, ultrasound, or other) is used to verify placement and position of the delivery catheter marker tool.

Description of Post-Service Work: The patient's blood pressure, pulse, ECG, and SpO2 are monitored. Oxygen is continued to maintain normal oxygen saturations. The bronchoscopy report is completed. The pathology slip is filled out for the biopsies. A moderate sedation form is filled out. The family is visited, and the procedure results are explained to them, as well as how the patient did during the procedure and the patient's current condition. Once the patient is awake, the bronchoscopy findings are discussed with the patient. Orders for when the patient can drink or eat are given to the patient and family. Once the patient has awakened, has stable vital signs, and feels well enough to leave, the patient is discharged from the bronchoscopy suite. Once the results from the bronchoscopy have been finalized, the patient is called, the results delivered, and plans for therapy and future studies are discussed with the patient and finalized. A letter is written to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Katina Nicolacakis MD (ATS), Alan Plummer, MD (ATS), Burt Lesnick (CHEST), Robert DeMarco, MD (CHEST) and Kevin Kovitz, MD (ATS and CHEST)		
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)		
CPT Code:	31626		
Sample Size:	10139	**Resp N:** 64	**Response:** 0.6 %
Description of Sample:	Random survey of both ATS and CHEST membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	20.00	250.00
Survey RVW:	2.25	3.79	**4.38**	4.93	7.50
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	10.00	35.00	**45.00**	50.00	70.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	31626	**Recommended Physician Work RVU: 4.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**19.00**	**-4.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31630	000	3.81	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32551	000	3.29	**RUC Time**

CPT Descriptor Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	48,926

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11044	000	4.18	**RUC Time**	55,668

CPT Descriptor 2 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 31 **% of respondents:** 48.4 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 28.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 31626	Top Key Reference CPT Code: 31630	2nd Key Reference CPT Code: **32551**
Median Pre-Service Time	23.00	50.00	43.00
Median Intra-Service Time	45.00	45.00	20.00
Median Immediate Post-service Time	20.00	30.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**88.00**	**125.00**	**83.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.08	-0.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.08	0.71
Urgency of medical decision making	-0.67	-0.86
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.17	0.86
Physical effort required	-0.17	0.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	-0.58	-0.14
Outcome depends on the skill and judgment of physician	-0.17	0.57

Estimated risk of malpractice suit with poor outcome	-0.50	-0.29

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	-0.08	-0.14

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In October 2013, the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services, specifically CPT 31620 (*Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s))* be surveyed for physician work and develop practice expense inputs.

The specialty societies indicated, the RUC agreed and approved the compelling evidence arguments that there has been a change in instrumentation and typical patient due to new technology. The equipment for Endobronchial Ultrasound (EBUS) has evolved since CPT code 31620 was last surveyed and evaluated by the RUC in 2004. The physician work has changed in the following ways:

1) Currently there is a separate bronchoscope that has the EBUS probe built into the tip. This is the standard technique for obtaining EBUS guided biopsies from mediastinal and hilar locations.
2) The technique for using the newer bronchoscope requires the acquisition of new skills as the camera is at a 30 degree angle from the tip of the scope. The operator has to navigate the bronchoscope looking at the airway from an angle rather than the end of the scope.
3) The ultrasound is visualized in real time during the biopsy procedure, and needs to be continuously adjusted in the field of view. This is a change from the prior technique in which the target was visualized and then the ultrasound (US) catheter removed to allow for the biopsy needle/forceps to be inserted into the same channel.

Refer to CPT

Subsequent to the RUC January 2014 meeting the RUC recommended referring CPT code 31620 to the CPT Editorial Panel to clarify that there is no overlap regarding the work of performing the biopsy(ies) associated with base code 31629 and other base codes in which add-on CPT code 31620 would be typically be reported. Tab 5 Endobronchial Ultrasound (EBUS) represents this newly revised family approved by the CPT editorial panel. Compelling evidence has already been reviewed and approved by the RUC, for details including references refer to the January 2014 Tab 22-31620 SoR.

Survey Results & ATS/CHEST Recommendations:
CPT 31626

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for a call and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 64 responses to this large 10 code family survey request. The survey pool was a standard random sample from both societies de-duplicating the members so any potential participant only received one survey request. The

survey performance rate median of 5 studies per year among the 64 respondents is a reasonable rate given the RUC database low volume for 2013 is 1,792 for this procedure.

- 98% of respondents found the vignette to be typical.
- 63% of respondents said that this service was typically performed in the Hospital ASC setting with moderate sedation.
- 77% of the respondents said that this service was not provided in the office setting.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 1b-FAC straightforward patient procedure with sedation/anesthesia. We reduced the pre-service evaluation time by four minutes consistent with the survey median and added two minutes to the standard positioning time; we did not adjust the pre service scrub, dress and wait time from the package. The addition of the two (total of 3 minutes) minutes is supported by the survey median of five minutes and consistent with the recently RUC approved colonoscopy positioning times to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and moderate sedation monitoring. The ATS/CHEST panel chose post service package 8A IV sedation/simple procedure adjusting by five minutes consistent with our survey median time of 20 minutes.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 45 minutes accurately reflects the time required to perform this service today and is consistent with the current median time. After review of the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 45 minutes with (15, 3, 5 total 23) pre and 20 post time for CPT 31626.

Work:

Survey respondents estimated a median work RVW of 4.38, based on a comparison to the top two key reference services. The survey results supports the top two reference service codes chosen by the survey respondents CPT 31630 B*ronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture* (RVW 3.81) mostly lower measures and CPT 32551 *Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)* (RVW 3.29) to have a mix of higher and lower measures than 31626.

The expert panel compared 31626 to two MPC codes CPT 52224 Global 000 (*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy),* (RVW 4.05, times 29-30-20, total 79 min) and CPT 11044 Global 000 (*Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less),* (RVW 4.10, times 51-45-20, total 116 min). We believe these procedures along with our survey result support maintaining the current relative value.

Code	Description	Global Period	Pre-Service	Intra-Service	Post-Service	Total Time	Work RVW	IWPUT
32550	Insertion of indwelling tunneled pleural catheter with cuff	000	40	30	20	90	4.17	0.0990
43238	Esophagogastroduodenoscopy , flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the	000	38	45	20	103	4.26	0.0674

	esophagus, stomach or duodenum, and adjacent structures)							
43259	Esophagogastroduodenoscopy , flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	000	41	45	20	106	4.14	0.06322
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intrathoracic, single or multiple	000	25	45	20	90	3.80	0.06363
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	000	25	45	20	90	4.00	0.0681

In summary, we recommend maintaining the current RVW of 4.16 for 31626 with our median times per the survey adjusted per the preservice packages as noted earlier for a pre service total time 23 minutes, intra service time 45 minutes and post time 20 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31626

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Critical Care/Intensivist How often? Rarely

Specialty Thoracic Surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 5376
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 Medicare utilization times 3

Specialty Pulmonary Frequency 3226 Percentage 60.00 %

Specialty Critical Care/Intensivist Frequency 376 Percentage 6.99 %

Specialty Thoracic Surgery Frequency 1075 Percentage 19.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,792
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 Medicare utilization

Specialty Pulmonary Frequency 1075 Percentage 59.98 %

Specialty Critical Care/Intensivist Frequency 125 Percentage 6.97 %

Specialty Thoracic Surgery Frequency 358 Percentage 19.97 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31626

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31628 Tracking Number E7 Original Specialty Recommended RVU: **3.80**
Presented Recommended RVU: **3.80**
Global Period: 000 RUC Recommended RVU: **3.80**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old woman has peripheral alveolar infiltrates in the right lower lobes that have been unchanged for six weeks. Bronchoscopy is performed and no bronchial mucosal lesions are visualized. Under fluoroscopic guidance a biopsy forceps is inserted into the area of infiltrate in the peripheral right lower lobe. Three-to-six lung biopsies are obtained, each with fluoroscopic guidance of the biopsy forceps. Specimens are submitted in a container. A post procedure chest x-ray is obtained to evaluate for possible pneumothorax.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 88%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work: The patient's pre-procedural work-up and records are reviewed. Communication with other professionals, the patient and family is completed. The physician examines the patient to verify that the patient can undergo the procedure. The physician verifies the identity of the patient and the procedure to be performed in accord with JCAHO regulations. The details of the procedure are reviewed with the patient, including possible complications, and the patient signs a consent form. The patient is brought into the bronchoscopy suite and is positioned for bronchoscopy. Need for respiratory isolation procedures are assessed and are used where appropriate. Leads for monitoring blood pressure, pulse, ECG, ETCO2 and SpO2 are applied to the patient, and these are monitored continuously throughout the procedure. Oxygen via nasal cannula is begun. The patient breathes a topical anesthetic through a nebulizer. An IV line is placed and a saline infusion is started. The physician re-verifies the identity of the patient and the procedure to be performed with the team. Moderate sedation is begun intravenously until the patient is well sedated. Since fluoroscopy is typical, the physician dresses and a lead apron and thyroid protector is donned.

Description of Intra-Service Work: Once the patient has achieved appropriate topical anesthesia and moderate sedation, oxygen is used to maintain normal oxygen saturations. A fiberoptic bronchoscope is inserted through the mouth or nostril, visualizing the upper airways to the vocal cords. The vocal cords are visualized and observed for function. The bronchoscope is advanced into the trachea. All of the airways are inspected and the site or sites for the bronchial biopsies are determined. The biopsy forceps is advanced through the suction channel of the bronchoscope into the right lower lobe bronchus leading to the infiltrate. Using fluoroscopic guidance biopsy forceps are advanced into the infiltrate, then backed

off by 1-2cm. The forceps are opened, a transbronchial biopsy is obtained on expiration and the forceps are removed. Three to six biopsies are obtained in one lobe with fluoroscopic guidance. The bronchoscope is withdrawn from the airways carefully visualizing the trachea and then withdrawn from the patient. Inspection of the chest for a pneumothorax is performed with the fluoroscope. The biopsies are placed in formalin and sent to Pathology.

Description of Post-Service Work: The patient's blood pressure, pulse, ECG, and SpO2 are monitored. Oxygen is continued to maintain normal oxygen saturations. The bronchoscopy report is completed. The pathology slip is filled out for the biopsies. A moderate sedation form is filled out. The family is visited, and the procedure results are explained to them, as well as how the patient did during the procedure and the patient's current condition. Once the patient is awake, the bronchoscopy findings are discussed with the patient. Orders for when the patient can drink or eat are given to the patient and family. Once the patient has awakened, has stable vital signs, and feels well enough to leave, the patient is discharged from the bronchoscopy suite. Once the results from the bronchoscopy have been finalized, the patient is called, the results delivered, and plans for therapy and future studies are discussed with the patient and finalized. A letter is written to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Katina Nicolacakis MD (ATS), Alan Plummer, MD (ATS), Burt Lesnick (CHEST) and Robert DeMarco, MD (CHEST)		
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)		
CPT Code:	31628		
Sample Size:	10139	**Resp N:** 101	**Response:** 0.9 %
Description of Sample:	Random survey of both ATS and CHEST membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	**30.00**	50.00	800.00
Survey RVW:	2.35	3.50	**3.85**	4.17	8.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	30.00	**40.00**	45.00	65.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	31628	**Recommended Physician Work RVU: 3.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**19.00**	**-4.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31630	000	3.81	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32557	000	3.12	**RUC Time**

CPT Descriptor Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	48,926

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,650

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 43 **% of respondents:** 42.5 **%**

Number of respondents who choose 2nd Key Reference Code: 34 **% of respondents:** 33.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 31628	Top Key Reference CPT Code: 31630	2nd Key Reference CPT Code: 32557
Median Pre-Service Time	23.00	50.00	22.00
Median Intra-Service Time	40.00	45.00	30.00
Median Immediate Post-service Time	20.00	30.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**83.00**	**125.00**	**67.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.28	0.79
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.11	0.64
Urgency of medical decision making	-0.28	-0.29
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.11	0.29
Physical effort required	-0.11	0.21
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.00	0.50
Outcome depends on the skill and judgment of physician	-0.17	0.71

Estimated risk of malpractice suit with poor outcome	-0.06	0.29

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	-0.28	0.36

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In October 2013, the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services, specifically CPT 31620 (*Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s))* be surveyed for physician work and develop practice expense inputs.

The specialty societies indicated, the RUC agreed and approved the compelling evidence arguments that there has been a change in instrumentation and typical patient due to new technology. The equipment for Endobronchial Ultrasound (EBUS) has evolved since CPT code 31620 was last surveyed and evaluated by the RUC in 2004. The physician work has changed in the following ways:

1) Currently there is a separate bronchoscope that has the EBUS probe built into the tip. This is the standard technique for obtaining EBUS guided biopsies from mediastinal and hilar locations.
2) The technique for using the newer bronchoscope requires the acquisition of new skills as the camera is at a 30 degree angle from the tip of the scope. The operator has to navigate the bronchoscope looking at the airway from an angle rather than the end of the scope.
3) The ultrasound is visualized in real time during the biopsy procedure, and needs to be continuously adjusted in the field of view. This is a change from the prior technique in which the target was visualized and then the ultrasound (US) catheter removed to allow for the biopsy needle/forceps to be inserted into the same channel.

Refer to CPT

Subsequent to the RUC January 2014 meeting the RUC recommended referring CPT code 31620 to the CPT Editorial Panel to clarify that there is no overlap regarding the work of performing the biopsy(ies) associated with base code 31629 and other base codes in which add-on CPT code 31620 would be typically be reported. Tab 5 Endobronchial Ultrasound (EBUS) represents this newly revised family approved by the CPT editorial panel. Compelling evidence has already been reviewed and approved by the RUC, for details including references refer to the January 2014 Tab 22-31620 SoR.

Survey Results & ATS/CHEST Recommendations:
CPT 31628

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for a call and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 101 responses to this large 10 code family survey request. The survey pool was a standard random sample

from both societies de-duplicating the members so any potential participant only received one survey request. The survey performance rate median of 30 studies per year among the 101 respondents is a reasonable rate given the RUC database volume for 2013 is 37,262 for this procedure.

- 94% of respondents found the vignette to be typical.
- 88% of respondents said that this service was typically performed in the Hospital ASC setting with moderate sedation.
- 80% of the respondents said that this service was not provided in the office setting.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 1b-FAC straightforward patient procedure with sedation/anesthesia. We reduced the pre-service evaluation time by four minutes consistent with the survey median and added two minutes to the standard positioning time; we did not adjust the pre service scrub, dress and wait time from the package. The addition of the two (total of 3 minutes) minutes is supported by the survey median of five minutes and consistent with the recently RUC approved colonoscopy positioning times to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and moderate sedation monitoring. The ATS/CHEST panel chose post service package 8A IV sedation/simple procedure adjusting by five minutes consistent with our survey median time of 20 minutes.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 40 minutes accurately reflects the time required to perform this service today and is consistent with the current median time. After review of the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 40 minutes with (15, 3, 5 total 23) pre and 20 post time for CPT 31628.

Work:

Survey respondents estimated a median work RVW of 3.85, based on a comparison to the top two key reference services. The survey results supports the top two reference service codes chosen by the survey respondents, CPT 31630 B*ronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture* (RVW 3.81) closely comparable measures and CPT 32557 *Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance* (RVW 3.12) to have mostly higher measures including overall time intensity complexity to 31628.

The expert panel compared 31628 to two MPC codes CPT 52224 Global 000 (*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy),* (RVW 4.05, times 29-30-20, total 79 min) and CPT 52214 Global 000 (*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands),* (RVW 3.50, times 29-30-20, total 79 min). We believe these procedures along with our survey result support maintaining the current relative value.

In summary, we recommend maintaining the current RVW of 3.80 for 31628 with our median times per the survey adjusted per the preservice packages as noted earlier for a pre service total time 23 minutes, intra service time 45 minutes and post time 20 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31628

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Critical Care/Intensivist How often? Rarely

Specialty Thoracic Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 111786
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 Medicare utilization times 3

Specialty Pulmonary Frequency 90547 Percentage 81.00 %

Specialty Critical Care/Intensivist Frequency 6707 Percentage 5.99 %

Specialty Thoracic Surgery Frequency 2236 Percentage 2.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 37,262 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 Medicare utilization

Specialty Pulmonary Frequency 30182 Percentage 80.99 %

Specialty Critical Care/Intensivist Frequency 6707 Percentage 17.99 %

Specialty Thoracic Surgery Frequency 2236 Percentage 6.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31628

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31629 Tracking Number E8 Original Specialty Recommended RVU: **4.09**
Presented Recommended RVU: **4.00**
Global Period: 000 RUC Recommended RVU: **4.00**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old man has a 3.5 cm subcarinal lymph node on chest CT scan. One year previously he underwent surgery for a renal cell carcinoma. Bronchoscopy is performed and a transbronchial biopsy needle (e.g., Wang Needle) is passed through the carina and aspiration biopsies are obtained from the subcarinal lymph node. Biopsy specimens are submitted in a container.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 83%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 8%

Description of Pre-Service Work: The patient's pre-procedural work-up and records are reviewed. Communication with other professionals, the patient and family is completed. The physician examines the patient to verify that the patient can undergo the procedure. The physician verifies the identity of the patient and the procedure to be performed in accord with JCAHO regulations. The details of the procedure are reviewed with the patient, including possible complications, and the patient signs a consent form. The patient is brought into the bronchoscopy suite and is positioned for bronchoscopy. Need for respiratory isolation procedures are assessed and are used where appropriate. Leads for monitoring blood pressure, pulse, ECG, ETCO2 and SpO2 are applied to the patient, and these are monitored continuously throughout the procedure. Oxygen via nasal cannula is begun. The patient breathes a topical anesthetic through a nebulizer. An IV line is placed and a saline infusion is started. The physician re-verifies the identity of the patient and the procedure to be performed with the team. Moderate sedation is begun intravenously until the patient is well sedated. The physician dresses and a lead apron and thyroid protector is donned in the event that fluoroscopy is required.

Description of Intra-Service Work: Once the patient has achieved appropriate topical anesthesia and moderate sedation, oxygen is used to maintain normal oxygen saturations. A fiberoptic bronchoscope is inserted through the mouth or nostril, visualizing the upper airways to the vocal cords. The vocal cords are visualized and observed for function. The bronchoscope is advanced into the trachea. All of the airways are inspected and the site or sites for the bronchial biopsies are determined. A transbronchial biopsy needle is passed through the bronchoscope into the trachea above the carina, where the bronchoscope has been positioned. The needle is positioned and the bronchoscope and needle are pushed through the mucosa into the subcarinal area. Manual suction is applied through a syringe to aspirate the biopsy into the

needle, and the transbronchial biopsy needle is removed and the specimen is delivered into a preservative solution or culture medium. Several biopsies are obtained at the one site, and the bronchoscope is removed carefully, while inspecting the trachea and subglottic area, before removing it from the patient.

Description of Post-Service Work: The patient's blood pressure, pulse, ECG, and SpO2 are monitored. Oxygen is continued to maintain normal oxygen saturations. The bronchoscopy report is completed. The pathology slip is filled out for the biopsies. A moderate sedation form is filled out. The family is visited, and the procedure results are explained to them, as well as how the patient did during the procedure and the patient's current condition. Once the patient is awake, the bronchoscopy findings are discussed with the patient. Orders for when the patient can drink or eat are given to the patient and family. Once the patient has awakened, has stable vital signs, and feels well enough to leave, the patient is discharged from the bronchoscopy suite. Once the results from the bronchoscopy have been finalized, the patient is called, the results delivered, and plans for therapy and future studies are discussed with the patient and finalized. A letter is written to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Katina Nicolacakis MD (ATS), Alan Plummer, MD (ATS), Burt Lesnick (CHEST), Robert DeMarco, MD (CHEST) and Kevin Kovitz, MD (ATS and Chest)		
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)		
CPT Code:	31629		
Sample Size:	10139	**Resp N:** 105	**Response:** 1.0 %
Description of Sample:	Random survey of both ATS and CHEST membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**28.00**	100.00	1200.00
Survey RVW:	2.56	3.70	**4.00**	4.50	6.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	8.00	29.00	**35.00**	45.00	65.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	31629	**Recommended Physician Work RVU: 4.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**19.00**	**-4.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32551	000	3.29	**RUC Time**

CPT Descriptor Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31630	000	3.81	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	48,926

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11044	000	4.18	**RUC Time**	55,668

CPT Descriptor 2 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 45 **% of respondents:** 42.8 **%**

Number of respondents who choose 2nd Key Reference Code: 30 **% of respondents:** 28.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 31629	Top Key Reference CPT Code: 32551	2nd Key Reference CPT Code: **31630**
Median Pre-Service Time	23.00	43.00	50.00
Median Intra-Service Time	35.00	20.00	45.00
Median Immediate Post-service Time	20.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**78.00**	**83.00**	**125.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.69	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.63	0.50
Urgency of medical decision making	-0.50	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.44	0.00
Physical effort required	0.19	0.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.06	-0.17
Outcome depends on the skill and judgment of physician	0.63	0.17

Estimated risk of malpractice suit with poor outcome	0.13	-0.08

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.56	-0.17

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In October 2013, the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services, specifically CPT 31620 (*Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s))* be surveyed for physician work and develop practice expense inputs.

The specialty societies indicated, the RUC agreed and approved the compelling evidence arguments that there has been a change in instrumentation and typical patient due to new technology. The equipment for Endobronchial Ultrasound (EBUS) has evolved since CPT code 31620 was last surveyed and evaluated by the RUC in 2004. The physician work has changed in the following ways:

1) Currently there is a separate bronchoscope that has the EBUS probe built into the tip. This is the standard technique for obtaining EBUS guided biopsies from mediastinal and hilar locations.
2) The technique for using the newer bronchoscope requires the acquisition of new skills as the camera is at a 30 degree angle from the tip of the scope. The operator has to navigate the bronchoscope looking at the airway from an angle rather than the end of the scope.
3) The ultrasound is visualized in real time during the biopsy procedure, and needs to be continuously adjusted in the field of view. This is a change from the prior technique in which the target was visualized and then the ultrasound (US) catheter removed to allow for the biopsy needle/forceps to be inserted into the same channel.

Refer to CPT

Subsequent to the RUC January 2014 meeting the RUC recommended referring CPT code 31620 to the CPT Editorial Panel to clarify that there is no overlap regarding the work of performing the biopsy(ies) associated with base code 31629 and other base codes in which add-on CPT code 31620 would be typically be reported. Tab 5 Endobronchial Ultrasound (EBUS) represents this newly revised family approved by the CPT editorial panel. Compelling evidence has already been reviewed and approved by the RUC, for details including references refer to the January 2014 Tab 22-31620 SoR.

Survey Results & ATS/CHEST Recommendations:
CPT 31629

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for a call and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 105 responses to this large 10 code family survey request. The survey pool was a standard random sample from both societies de-duplicating the members so any potential participant only received one survey request.

The survey performance rate median of 50 studies per year among the 105 respondents is a reasonable rate given the RUC database volume for 2013 is 25,095 for this procedure.

- 90% of respondents found the vignette to be typical.
- 83% of respondents said that this service was typically performed in the Hospital ASC setting with moderate sedation.
- 78% of the respondents said that this service was not provided in the office setting.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 1b-FAC straightforward patient procedure with sedation/anesthesia. We reduced the pre-service evaluation time by four minutes consistent with the survey median and added two minutes to the standard positioning time; we did not adjust the pre service scrub, dress and wait time from the package. The addition of the two (total of 3 minutes) minutes is supported by the survey median of five minutes and consistent with the recently RUC approved colonoscopy positioning times to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and moderate sedation monitoring. The ATS/CHEST panel chose post service package 8A IV sedation/simple procedure adjusting by five minutes consistent with our survey median time of 20 minutes.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 30 minutes accurately reflects the time required to perform this service today and is consistent with the current median time. After review of the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 30 minutes with (15, 3, 5 total 23) pre and 20 post time for CPT 31629.

Work:

Survey respondents estimated a median work RVW of 4.00, based on a comparison to the top two key reference services. The survey results supports the top two reference service codes chosen by the survey respondents, CPT 32551 *Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)* (RVW 3.29) to have mostly higher measures including overall time intensity complexity and CPT 31630 B*ronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture* (RVW 3.81) to have a lower time work intensity and complexity, and a mix of other measures compared to 31629.

The expert panel compared 31629 to two MPC codes CPT 52224 Global 000 (*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy),* (RVW 4.05, times 29-30-20, total 79 min) and CPT 11044 Global 000 (*Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less),* (RVW 4.10, times 51-45-20, total 116 min). We believe these procedures along with our survey result support maintaining the current relative value.

In summary, we recommend maintaining the current RVW of 4.09 for 31629 with our median times per the survey adjusted per the preservice packages as noted earlier for a pre service total time 23 minutes, intra service time 30 minutes and post time 20 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Historically 31629 was billed with 31620 per the Medicare claims data 64 percent of the time. This revised family would delete 31620 and create two new bundled codes 3160X1 and 3160X2 therefore we expect in future claims the answer to this question will be no.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31629

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Critical Care/Intensivist How often? Rarely

Specialty Thoracic Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 75285
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 Medicare utilization times 3

Specialty Pulmonary Frequency 57217 Percentage 76.00 %

Specialty Critical Care/Intensivist Frequency 5270 Percentage 7.00 %

Specialty Thoracic Surgery Frequency 5270 Percentage 7.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25,095 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 Medicare utilization

Specialty Pulmonary Frequency 19072 Percentage 75.99 %

Specialty Critical Care/Intensivist Frequency 1757 Percentage 7.00 %

Specialty Thoracic Surgery Frequency 1757 Percentage 7.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31629

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31654 Tracking Number E9 Original Specialty Recommended RVU: **1.70**
Presented Recommended RVU: **1.70**
Global Period: ZZZ RUC Recommended RVU: **1.70**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s)
(List separately in addition to code for primary procedure[s])
(Use 3160X3 in conjunction with 31622, 31625, 31626, 31628, 31629, 3160X1, 3160X2)
(For EBUS to access mediastinal or hilar lymph node station(s) or adjacent structure(s) see 3160X1, 3160X2)
(Report 3160X1, 3160X2, 3160X3 only once per session)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient with a 1.5 cm peripheral lung lesion. The lesion is identified with transendoscopic ultrasound probe guidance.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 54%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work:

Description of Intra-Service Work: An imaging catheter is introduced via the working channel of the bronchoscope. The catheter is directed via multiple segments until the desired subsegment is identified, to reach and image the lesion to confirm its characteristics and location. The lesion, which is out of the visible field of the bronchoscope, is located and described. The catheter is removed and the target accessed. The catheter is reintroduced to reconfirm position and access to the target as needed. The process is repeated for each additional target lesion.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Katina Nicolacakis MD (ATS), Alan Plummer, MD (ATS), Burt Lesnick (CHEST), Robert DeMarco, MD (CHEST) and Kevin Kovitz, MD (ATS and CHEST)				
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)				
CPT Code:	31654				
Sample Size:	10139	**Resp N:** 70	**Response:** 0.6 %		
Description of Sample:	Random survey of both ATS and CHEST membership.				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	6.00	**20.00**	51.00	180.00
Survey RVW:	0.01	1.70	**2.50**	4.20	6.25
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	30.00	**50.00**	60.00	120.00
Immediate Post Service-Time:	**0.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	31654	**Recommended Physician Work RVU: 1.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31637	ZZZ	1.58	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99292	ZZZ	2.25	**RUC Time**

CPT Descriptor Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	444,951

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 37.1 **%**

Number of respondents who choose 2nd Key Reference Code: 26 **% of respondents:** 37.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 31654	Top Key Reference CPT Code: 31637	2nd Key Reference CPT Code: **99292**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	30.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**30.00**	**30.00**
Other time if appropriate		0.00	

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.64	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.64	-0.17
Urgency of medical decision making	0.18	-0.58
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.73	0.92
Physical effort required	0.64	0.67
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	-0.09	0.25
Outcome depends on the skill and judgment of physician	0.45	0.25

Estimated risk of malpractice suit with poor outcome	0.09	0.42

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.36	0.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In October 2013, the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services, specifically CPT 31620 (*Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s))* be surveyed for physician work and develop practice expense inputs.

The specialty societies indicated, the RUC agreed and approved the compelling evidence arguments that there has been a change in instrumentation and typical patient due to new technology. The equipment for Endobronchial Ultrasound (EBUS) has evolved since CPT code 31620 was last surveyed and evaluated by the RUC in 2004. The physician work has changed in the following ways:

1) Currently there is a separate bronchoscope that has the EBUS probe built into the tip. This is the standard technique for obtaining EBUS guided biopsies from mediastinal and hilar locations.
2) The technique for using the newer bronchoscope requires the acquisition of new skills as the camera is at a 30 degree angle from the tip of the scope. The operator has to navigate the bronchoscope looking at the airway from an angle rather than the end of the scope.
3) The ultrasound is visualized in real time during the biopsy procedure, and needs to be continuously adjusted in the field of view. This is a change from the prior technique in which the target was visualized and then the ultrasound (US) catheter removed to allow for the biopsy needle/forceps to be inserted into the same channel.

Refer to CPT

Subsequent to the RUC January 2014 meeting the RUC recommended referring CPT code 31620 to the CPT Editorial Panel to clarify that there is no overlap regarding the work of performing the biopsy(ies) associated with base code 31629 and other base codes in which add-on CPT code 31620 would be typically be reported. Tab 5 Endobronchial Ultrasound (EBUS) represents this newly revised family approved by the CPT editorial panel. Compelling evidence has already been reviewed and approved by the RUC, for details including references refer to the January 2014 Tab 22-31620 SoR.

Survey Results & ATS/CHEST Recommendations:

CPT 31654

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for a call and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 70 responses to this large 10 code family survey request. The survey pool was a standard random sample from both societies de-duplicating the members so any potential participant only received one survey request. The

survey performance rate median of 20 studies per year among the 70 respondents is a good rate given the volume is expected to be low for this new procedure.

- 95% of respondents found the vignette to be typical.
- 54% of respondents said that this service was typically performed in the Hospital ASC setting with moderate sedation.
- 80% of the respondents said that this service was not provided in the office setting.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST expert panel reviewed the survey median intra-service time of 50 minutes; they also reviewed the 25th percentile of 30 minutes. The expert panel believes the 25th percentile more accurately reflects the time required to perform this service today. After review of the survey data in total and relativity between the family of codes and further discussion with our experts, the expert panel is recommending the 25th percentile intra-service time of 30 minutes for the new service CPT 31654.

Work:

Survey respondents estimated a median work RVW of 2.50 and a 25th percentile of 1.70 RVWs, based on a comparison to the top two key reference services. It should be noted, that an ultrasound imaging catheter is inserted through the working channel of a bronchoscope to assess peripheral lesions. The survey of the top two reference service codes chosen by the survey respondents, CPT 31637 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)* (RVW 1.58) all except one higher measures including overall time intensity complexity and CPT 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (RVW 2.25) a mix of higher and lower measures support the survey results closer to the 25th percentile rather than the median for 31654.

The expert panel compared 31654 to one MPC codes CPT 99292 Global ZZZ (*Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service),* (RVW 2.25, times 0-30-0, total 30 min) and several other codes noted in the table below. We believe these procedures along with our survey result support the 25th percentile rather than the median for time and work.

Code	Short Description	Global Period	Pre-Service	Intra-Service	Post-Service	Total Time	Work RVW	IWPUT
99356	Prolonged service inpatient	ZZZ	0	60	0	60	1.71	0.0285
19297	Place breast cath for rad	ZZZ	5	30	5	40	1.72	0.0499
99354	Prolonged service office	ZZZ	0	60	0	60	1.77	0.0295
90836	Psytx pt&/fam w/e&m 45 min	ZZZ	0	45	3	48	1.90	0.0407
48400	Injection intraop add-on	ZZZ	0	45	0	45	1.95	0.0433

In summary, we recommend the 25th percentile RVW and time of 1.70 and intra service time 30 minutes for the new add on service 31654.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Use 3160X3 in conjunction with 31622, 31625, 31626, 31628, 31629, 3160X1, 3160X2)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31620

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Sometimes

Specialty Critical Care/Intensivist How often? Rarely

Specialty Thoracic Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 3000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 5 percent todays volume from the RUC database times 3.

Specialty Pulmonary Frequency 1500 Percentage 50.00 %

Specialty Critical Care/Intensivist Frequency 400 Percentage 13.33 %

Specialty Thoracic Surgery Frequency 400 Percentage 13.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 5 percent todays volume from the RUC database

Specialty Pulmonary Frequency 500 Percentage 50.00 %

Specialty Critical Care/Intensivist Frequency 150 Percentage 15.00 %

Specialty Thoracic Surgery Frequency 150 Percentage 15.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31620

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31632 Tracking Number E10 Original Specialty Recommended RVU: **1.03**
Presented Recommended RVU: **1.03**
Global Period: ZZZ RUC Recommended RVU: **1.03**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe
(List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old woman has peripheral alveolar infiltrates in the right upper and right lower lobes that have been unchanged for six weeks. Bronchoscopy is performed and no bronchial mucosal lesions are visualized. Under fluoroscopic guidance a biopsy forceps is inserted into the area of infiltrate in the peripheral right lower lobe. Three-to-six lung biopsies are obtained, each with fluoroscopic guidance of the biopsy forceps. The procedure is then repeated in the right upper lobe using fluoroscopic guidance of the biopsy forceps into the area of peripheral infiltrate, and three-to-six lung biopsy samples are obtained from this second lesion. Specimens are submitted in separate containers for each anatomic site biopsied. A post procedure chest x-ray is obtained to evaluate for possible pneumothorax.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 87%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 5%

Description of Pre-Service Work:

Description of Intra-Service Work: The bronchoscope is positioned in the right upper lobe and the biopsy forceps are introduced into the area peripheral infiltrate under the fluoroscopic guidance. 3-6 lung biopsy samples are obtained from the area. Specimens are submitted in separate containers for each anatomic site biopsied. Fluoroscopy is performed after the bronchoscope has been removed to evaluate for a pneumothorax.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Katina Nicolacakis MD (ATS), Alan Plummer, MD (ATS), Burt Lesnick (CHEST), Robert DeMarco, MD (CHEST) and Kevin Kovitz, MD (ATS and CHEST)		
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)		
CPT Code:	31632		
Sample Size:	10139	**Resp N:** 95	**Response:** 0.9 %
Description of Sample:	Random survey of both ATS and CHEST membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	6.00	**20.00**	43.00	500.00
Survey RVW:	0.50	1.34	**2.00**	3.50	5.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**25.00**	45.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	31632	**Recommended Physician Work RVU: 1.03**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**18.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31649	ZZZ	1.44	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99292	ZZZ	2.25	**RUC Time**

CPT Descriptor Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	444,951

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,339

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 44 **% of respondents:** 46.3 **%**

Number of respondents who choose 2nd Key Reference Code: 28 **% of respondents:** 29.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 31632	Top Key Reference CPT Code: 31649	2nd Key Reference CPT Code: **99292**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	18.00	30.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**18.00**	**30.00**	**30.00**
Other time if appropriate		0.00	

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.72	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.67	0.00
Urgency of medical decision making	0.22	-0.23
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.11	1.08
Physical effort required	0.22	0.62
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.67	0.85
Outcome depends on the skill and judgment of physician	0.50	0.54

Estimated risk of malpractice suit with poor outcome	0.44	0.62

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.39	0.69

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In October 2013, the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services, specifically CPT 31620 (*Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s))* be surveyed for physician work and develop practice expense inputs.

The specialty societies indicated, the RUC agreed and approved the compelling evidence arguments that there has been a change in instrumentation and typical patient due to new technology. The equipment for Endobronchial Ultrasound (EBUS) has evolved since CPT code 31620 was last surveyed and evaluated by the RUC in 2004. The physician work has changed in the following ways:

1) Currently there is a separate bronchoscope that has the EBUS probe built into the tip. This is the standard technique for obtaining EBUS guided biopsies from mediastinal and hilar locations.
2) The technique for using the newer bronchoscope requires the acquisition of new skills as the camera is at a 30 degree angle from the tip of the scope. The operator has to navigate the bronchoscope looking at the airway from an angle rather than the end of the scope.
3) The ultrasound is visualized in real time during the biopsy procedure, and needs to be continuously adjusted in the field of view. This is a change from the prior technique in which the target was visualized and then the ultrasound (US) catheter removed to allow for the biopsy needle/forceps to be inserted into the same channel.

Refer to CPT

Subsequent to the RUC January 2014 meeting the RUC recommended referring CPT code 31620 to the CPT Editorial Panel to clarify that there is no overlap regarding the work of performing the biopsy(ies) associated with base code 31629 and other base codes in which add-on CPT code 31620 would be typically be reported. Tab 5 Endobronchial Ultrasound (EBUS) represents this newly revised family approved by the CPT editorial panel. Compelling evidence has already been reviewed and approved by the RUC, for details including references refer to the January 2014 Tab 22-31620 SoR.

Survey Results & ATS/CHEST Recommendations:
CPT 31632

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for a call and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 95 responses to this large 10 code family survey request. The survey pool was a standard random sample from both societies de-duplicating the members so any potential participant only received one survey request. The survey performance rate median of 20 studies per year among the 95 respondents is a reasonable rate given the RUC database volume for 2013 is 3,832 for this procedure.

- 96% of respondents found the vignette to be typical.
- 87% of respondents said that this service was typically performed in the Hospital ASC setting with moderate sedation.
- 82% of the respondents said that this service was not provided in the office setting.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST expert panel reviewed the survey median intra-service time of 25 minutes in comparison with the current time of 18 minutes the expert panel believes the current time accurately reflects the time required to perform this service today. After review of the survey data in total and relativity between the family of codes and further discussion with our experts, the expert panel is recommending the current intra-service time of 18 minutes CPT 31632.

Work:

Survey respondents estimated a median work RVW of 2.00 and a 25th percentile of 1.34 RVWs, based on a comparison to the top two key reference services. The survey of the top two reference service codes chosen by the survey respondents, CPT 31649 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)* (RVW 1.44) all higher measures including overall time intensity complexity and CPT 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (RVW 2.25) to have a mix of comparable and lower values supporting the survey results for 31632. However our expert panel agrees that this service has not changed and therefore suggests maintaining the current value.

The expert panel compared 31632 to two MPC codes CPT 99292 Global ZZZ (*Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service),* (RVW 2.25, times 0-30-0, total 30 min) and CPT 64480 Global ZZZ (*Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)),* (RVW 1.20, times 0-15-0, total min). We believe these procedures along with our survey result support maintaining the current relative value.

In summary, we recommend maintaining the current RVW and time of 1.03 and intra service time 18 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

	CPT	RVU	Pre Time	Intra Time	Post Time	Total Time
3.						
4.	31628	3.80	30	40	20	90
5.	31632	1.03	0	18	0	18
6.	Total	4.83	30	58	20	108

7. Per CPT paranthetical Use CPT 31632 with 31628. Additionally, 31632 may only be reported once regardless of how many transbronchial lung biopsies are performed in a lobe.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31632

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Sometimes

Specialty Critical Care/Intensivist How often? Rarely

Specialty Thoracic Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 11496
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 times 3

Specialty Pulmonary Frequency 9312 Percentage 81.00 %

Specialty Critical Care/Intensivist Frequency 771 Percentage 6.70 %

Specialty Thoracic Surgery Frequency 203 Percentage 1.76 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,832
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC data base 2013 utilization

Specialty Pulmonary Frequency 3104 Percentage 81.00 %

Specialty Critical Care/Intensivist Frequency 257 Percentage 6.70 %

Specialty Thoracic Surgery	Frequency 68	Percentage 1.77 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31632

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31633 Tracking Number E11 Original Specialty Recommended RVU: **1.32**
Presented Recommended RVU: **1.32**
Global Period: ZZZ RUC Recommended RVU: **1.32**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old man has a perihilar 2.5cm nodule in the right lower lobe and a 1.5 cm subcarinal lymph node on chest CT scan. One year previously he underwent surgery for a renal cell carcinoma. Bronchoscopy is performed and a transbronchial biopsy needle (e.g., Wang Needle) is passed through the carina and aspiration biopsies are obtained from the subcarinal lymph node. Standard biopsy forceps cannot be used to reach the perihilar nodule in the right lower lobe and under fluoroscopic guidance two transbronchial needle aspiration biopsies are obtained. Biopsy specimens are submitted separately from the two anatomic sites. A post procedure chest x-ray is obtained to evaluate for a possible pneumothorax.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 86%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work:

Description of Intra-Service Work: The bronchoscope is repositioned into the right lower lobe under fluoroscopic guidance. Two transbronchial needle aspiration biopsies are obtained. Biopsy specimens are submitted separately from the two anatomic sites. Fluoroscopy is performed after the bronchoscope has been removed to evaluate for a pneumothorax.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Katina Nicolacakis MD (ATS), Alan Plummer, MD (ATS), Burt Lesnick (CHEST), Robert DeMarco, MD (CHEST) and Kevin Kovitz, MD (ATS and Chest)		
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)		
CPT Code:	31633		
Sample Size:	10139	**Resp N:** 86	**Response:** 0.8 %
Description of Sample:	Random survey of both ATS and CHEST membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	6.00	**25.00**	75.00	400.00
Survey RVW:	0.50	1.50	**2.05**	3.75	5.70
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**30.00**	45.00	150.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	31633	**Recommended Physician Work RVU: 1.32**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31649	ZZZ	1.44	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99292	ZZZ	2.25	**RUC Time**

CPT Descriptor Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	444,951

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,339

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 44 **% of respondents:** 51.1 **%**

Number of respondents who choose 2nd Key Reference Code: 30 **% of respondents:** 34.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 31633	Top Key Reference CPT Code: 31649	2nd Key Reference CPT Code: 99292
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	20.00	30.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**30.00**	**30.00**
Other time if appropriate		0.00	

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.54	0.14
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.38	0.07
Urgency of medical decision making	0.08	-0.21
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.08	0.86
Physical effort required	0.08	0.57
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.38	0.86
Outcome depends on the skill and judgment of physician	0.38	0.64

Estimated risk of malpractice suit with poor outcome	0.31	0.64

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.15	0.86

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In October 2013, the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services, specifically CPT 31620 (*Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s))* be surveyed for physician work and develop practice expense inputs.

The specialty societies indicated, the RUC agreed and approved the compelling evidence arguments that there has been a change in instrumentation and typical patient due to new technology. The equipment for Endobronchial Ultrasound (EBUS) has evolved since CPT code 31620 was last surveyed and evaluated by the RUC in 2004. The physician work has changed in the following ways:

1) Currently there is a separate bronchoscope that has the EBUS probe built into the tip. This is the standard technique for obtaining EBUS guided biopsies from mediastinal and hilar locations.
2) The technique for using the newer bronchoscope requires the acquisition of new skills as the camera is at a 30 degree angle from the tip of the scope. The operator has to navigate the bronchoscope looking at the airway from an angle rather than the end of the scope.
3) The ultrasound is visualized in real time during the biopsy procedure, and needs to be continuously adjusted in the field of view. This is a change from the prior technique in which the target was visualized and then the ultrasound (US) catheter removed to allow for the biopsy needle/forceps to be inserted into the same channel.

Refer to CPT

Subsequent to the RUC January 2014 meeting the RUC recommended referring CPT code 31620 to the CPT Editorial Panel to clarify that there is no overlap regarding the work of performing the biopsy(ies) associated with base code 31629 and other base codes in which add-on CPT code 31620 would be typically be reported. Tab 5 Endobronchial Ultrasound (EBUS) represents this newly revised family approved by the CPT editorial panel. Compelling evidence has already been reviewed and approved by the RUC, for details including references refer to the January 2014 Tab 22-31620 SoR.

Survey Results & ATS/CHEST Recommendations:

CPT 31633

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for a call and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 86 responses to this large 10 code family survey request. The survey pool was a standard random sample from both societies de-duplicating the members so any potential participant only received one survey request. The

survey performance rate median of 25 studies per year among the 86 respondents is a good rate given the RUC database volume for 2013 is 9,086 for this procedure.

- 92% of respondents found the vignette to be typical.
- 86% of respondents said that this service was typically performed in the Hospital ASC setting with moderate sedation.
- 81% of the respondents said that this service was not provided in the office setting.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST expert panel reviewed the survey median intra-service time of 30 minutes in comparison with the current time of 20 minutes the expert panel believes the current time accurately reflects the time required to perform this service today. After review of the survey data in total and relativity between the family of codes and further discussion with our experts, the expert panel is recommending the current intra-service time of 20 minutes CPT 31633.

Work:

Survey respondents estimated a median work RVW of 2.05 and a 25th percentile of 1.50 RVWs, based on a comparison to the top two key reference services. The survey of the top two reference service codes chosen by the survey respondents, CPT 31649 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)* (RVW 1.44) all higher measures including overall time intensity complexity and CPT 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (RVW 2.25) all higher measures (except one regarding urgency of medical decision making) support the survey results for 31633. However our expert panel agrees that this service has not changed and therefore suggests maintaining the current value.

The expert panel compared 31633 to two MPC codes CPT 99292 Global ZZZ (*Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service),* (RVW 2.25, times 0-30-0, total 30 min) and CPT 64480 Global ZZZ (*Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)),* (RVW 1.20, times 0-15-0, total min). We believe these procedures along with our survey result support maintaining the current relative value.

In summary, we recommend maintaining the current RVW and time of 1.32 and intra service time 20 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

	CPT	RVU	Pre Time	Intra Time	Post Time	Total Time
31629	4.09	23	30	20	73
31633	1.32	0	20	0	20
Total	4.41	23	58	20	93

7. Per CPT paranthetical Use CPT 31633 with 31629. Additionally, 31633 may only be reported once regardless of how many transbronchial needle aspiration biopsies are performed in the trachea or the additional lobe..

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31633

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Sometimes

Specialty Critical Care/Intensivist How often? Rarely

Specialty Thoracic Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 27258
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2013 times 3

Specialty Pulmonary Frequency 21498 Percentage 78.86 %

Specialty Critical Care/Intensivist Frequency 2023 Percentage 7.42 %

Specialty Thoracic Surgery Frequency 1213 Percentage 4.45 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,086
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC data base 2013 utilization

Specialty Pulmonary Frequency 7166 Percentage 78.86 %

Specialty Critical Care/Intensivist Frequency 674 Percentage 7.41 %

Specialty Thoracic Surgery Frequency 404 Percentage 4.44 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31633

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

Tab 5
Tab Number

Endobronchial Ultrasound- EBUS
Issue

31622, 31625, 31626, 31628, 31629, 3160X1, 3160X2, 31632, 31633, 3160X3
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Burt Lesnick, MD

Printed Signature

American College of Chest Physicians

Specialty Society

1-6-2015

Date

Tab 5
Tab Number

Endobronchial Ultrasound- EBUS
Issue

31622, 31625, 31626, 31628, 31629, 3160X1, 3160X2, 31632, 31633, 3160X3
Code Range

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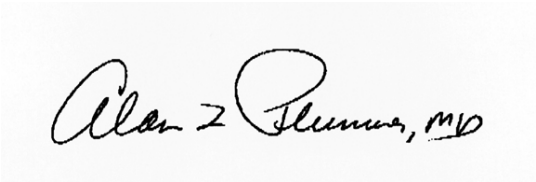

Signature

Alan Plummer, MD

Printed Signature

American Thoracic Society

Specialty Society

1-6-2015

Date

RUC Summary

ON-SITE Revisions 1-29-2015

ISSUE: Endobronchial Ultrasound – EBUS

TAB: 5 FINAL RUC Voted Values 1-30-2015

Medicare 2013 Volume	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
21,204	Compare	52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands		0.082			3.50			79	1B	19	5	5			30				20					
172,055	Compare	52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)		0.088			2.82			56	6	15	1	5			25				10					
74,361	CURRENT-RUC	31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		0.069			2.78			65		10	5	5			30				15					
Tracking # E2	SVY	31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	116	0.076	1.39	2.50	3.10	3.50	5.00	73		13	5	10	10	20	30	35	50		15	0	25	50	158	700
Tracking# E2	REC	31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		0.068			2.78			66	1b	13	3	5			30			8A	15					
48,946	Compare	52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy		0.101			4.05			79	5	19	5	5			30				20					
290	Compare	50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation		0.070			3.30			90		25	10	10			30				15					
25,040	CURRENT-RUC	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites		0.087			3.36			70		10	5	10			30				15					
Tracking # E5	SVY	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	100	0.095	2.12	3.19	3.48	4.00	7.50	73		15	5	10	5	20	28	35	65		15	0	12	25	50	750
Tracking# E5	REC	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites		0.074			3.36			73	1b	15	3	5			35			8A	15					
41,103	Compare	43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis		0.063			4.14			106	2B	33	3	5			45				20					
4,207	Compare	49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous		0.071			4.21			104	2B	33	6	5			40				20					
1,792	CURRENT-RUC	31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	64	0.074			4.16			85		19	1	5			45				15					
Tracking # E6	SVY	31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	64	0.073	2.25	3.79	4.38	4.93	7.50	100		15	10	10	10	35	45	50	70		20	0	2	5	20	250
Tracking# E6	REC	31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple		0.073			4.16			88	1b	15	3	5			45			8A	20					
1,507	Compare	32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple		0.064			3.80			90		19	1	5			45				20					
1,166	Compare	49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple		0.072			3.82			85		19	1	5			40				20					
37,262	CURRENT-RUC	31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe		0.071			3.80			90		10	10	10			40				20					
Tracking # E7	SVY	31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	101	0.069	2.35	3.50	3.85	4.17	8.00	95		15	10	10	5	30	40	45	65		20	0	15	30	50	800
Tracking# E7	REC	31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe		0.073			3.80			83	1b	15	3	5			40			8A	20					

RUC Summary

ON-SITE Revisions 1-29-2015

Medicare 2013 Volume	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1,986	Compare	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices		0.103			4.37			91	2B	33	3	5			30				20					
52,369	Compare	37191	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed,		0.120			4.71			83		30	3	5			30				15					
25,095	CURRENT-RUC	31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)		0.104			4.09			80		10	10	10			30				20					
Tracking # E8	SVY	31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	105	0.083	2.56	3.70	4.00	4.50	6.00	90		15	10	10	8	29	35	45	65		20	0	5	28	100	1200
Tracking# E8	REC	31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)		0.089			4.00			78	1b	15	3	5			35			8A	20					
n/a	Compare	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed,		0.123			8.94			133		33	10	5			60				25					
563	Compare	32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral		0.070			5.68			135		15	15	15			60				30					
15776	SVY	31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	91	0.061	3.35	4.25	5.00	5.50	7.00	125		20	10	10	15	45	60	70	120		25	0	20	50	100	1250
Tracking# E3	REC	31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures		0.065			5.00			112	1b	19	3	5			60			8A	25					
N/A	Compare	43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed		0.085			8.02			153	2B	33	10	5			75				30					
932	Compare	50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation		0.070			5.50			125		30	10	10			60				15					
3	Compare	15776	Punch graft for hair transplant; more than 15 punch grafts		0.049			5.53			140		30					90				20					
20,819	Compare	31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus		0.100			8.84			135		30					75				30					
Tracking # E4	SVY	31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	91	0.054	3.60	4.50	5.50	6.45	8.50	145		25	10	10	25	60	75	90	150		25	0	14	32	78	1250
Tracking# E4	REC	31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures		0.059			5.50			127	1b	19	3	5			75			8A	25					

RUC Summary

ON-SITE Revisions 1-29-2015

Medicare 2013 Volume	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
112,894	Compare	11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)		0.052			1.03			20							20									
N/A	Compare	19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)		0.047			1.00			25			1	4			20									
330	Compare	76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)		0.049			0.98			20							20									
3,832	CURRENT-RUC	31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)		0.057			1.03			18							18									
Tracking # E10	SVY	31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	95	0.080	0.50	1.34	2.00	3.50	5.50	25					5	15	25	45	120			0	6	20	43	500
Tracking# E10	REC	31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)		0.057			1.03			18							18									
1,189	Compare	95079	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)		0.046			1.38			30							30									
9,086	CURRENT-RUC	31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)		0.066			1.32			20							20									
Tracking # E11	SVY	31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	86	0.068	0.50	1.50	2.05	3.78	5.70	30					5	15	30	45	150			0	5	25	75	400
Tracking# E11	REC	31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)		0.066			1.32			20							20									
581	Compare	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)		0.050			1.72			40		5					30				5					
New Code	Compare	90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)		0.041			1.90			48							45				3					
Tracking # E9	SVY	31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	70	0.050	0.01	1.70	2.50	4.20	6.25	50					0	30	50	60	120			0	6	20	51	180
Tracking# E9	REC	31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])		0.057			1.70			30							30									

CPT Code: 31622-31625-31626-31628-31629-31652-31653
Specialty Society('s): American Thoracic Society (ATS) & The American College of Chest Physicians (CHEST)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT, Global and Long Descriptor:

CPT	Global	Long Description
31622	000	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
31625	000	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites
31626	000	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple
31628	000	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe
31629	000	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
31652	000	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures (Use 31654 in conjunction with 31622, 31625, 31626, 31628, 31629, 31652, 31653) (For EBUS to access mediastinal or hilar lymph node station(s) or adjacent structure(s) see 31652, 31653) (Report 31652, 31653, 31654 only once per session)
31653	000	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures (Use 31654 in conjunction with 31622, 31625, 31626, 31628, 31629, 31652, 31653) (For EBUS to access mediastinal or hilar lymph node station(s) or adjacent structure(s) see 31652, 31653) (Report 31652, 31653, 31654 only once per session)

Global Period: 000 Meeting Date: January 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The ATS and CHEST convened a consensus panel via telephone and email to develop the inputs for this code.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes.

Reference Base Code Rationale: The surveying societies supplied all the existing codes and values as references, 31629 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)* is also the reference base code based upon the direct PE inputs and because it is the most likely the code to be

billed in conjunction with 31620 today however with the future deletion of 31620 and new X1 and X2 the combination would contribute to the new bundled codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Lines 12, 13, 15 and 16 are all standard of care for bronchoscopy studies.

CPT 31652 and 31653
(Line 36) This is a flexible dual-channeled EBUS bronchoscope, therefore we chose the base standard of 30 minutes, we included 5 additional minutes above the standard for flexible to account for time to clean the additional channel.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

At the January 2014 RUC the PE committee and RUC approved the compelling evidence arguments that are repeated below for the committee’s information also discussed in the rationale on the SoRs. These services were sent back to CPT to develop bundled codes; Tab 5 represents the new family of EBUS that includes bundled codes.

Background from January 2014 RUC meeting:
As a result of the RUC Relativity Assessment Workgroup (RAW), CPT 31620 (*Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s))* was identified at the October 2013, meeting as part of the High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services be surveyed for physician work and develop practice expense inputs for the January 2014 RUC meeting.

31620 Compelling Evidence Statement

The performance including indications, technique and equipment for Endobronchial Ultrasound has evolved since CPT 31620 was last surveyed and evaluated by the RUC in 2004. In May of 2013 the American College of Chest Physicians (CHEST) published updated guidelines[1] on the Diagnosis and Management of Lung Cancer. This newest guideline establishes the standard for diagnosing and staging lung cancer. In selected patients with suspicion of mediastinal spread, either by discrete mediastinal lymph node enlargement on CT or PET uptake (and no distant metastases), a needle technique (endobronchial ultrasound [EBUS]-needle aspiration [NA], EUS-NA or combined EBUS/EUS-NA) is recommended over surgical staging as a best first test (Grade 1B). EBUS directed transbronchial needle aspiration is also now used to diagnose nonmalignant pulmonary diseases, such as sarcoidosis, tuberculosis

[1] Chest Diagnosis and Management of Lung Cancer, 3rd ED: ACCP Guidelines, CHEST 2013; 143(5)(suppl):e211S-e250S

and other infections as well with a growing body of literature to support this as the first test in patients with lymphadenopathy in the mediastinum.

In contrast to the previously RUC accepted physician work from 2004, there is now more physician work in the following ways:

(1) Technique

(a) Currently there is a separate bronchoscope that has the EBUS probe built into the tip. This is the standard technique for obtaining EBUS guided biopsies from mediastinal and hilar locations.

(b) The technique for using the newer bronchoscope requires the acquisition of new skills as the camera is at a 30 degree angle from the tip of the scope. The operator has to navigate the bronchoscope looking at the airway from an angle rather than the end of the scope.

(c) The ultrasound is visualized in real time during the biopsy procedure, and needs to be continuously adjusted in the field of view. This is a change from the prior technique in which the target was visualized and then the ultrasound (US) catheter removed to allow for the biopsy needle/forceps to be inserted into the same channel.

(2) The standardized procedure now involves the following:

(a) New equipment as noted above.

References

Almeida FA, Casal RF, Jimenezs CA, et al. Quality Gaps and Comparative Effectiveness in Lung Cancer Staging, Chest. December 2013;144(6):1776-1782.

Manaker S, Vachani A, The Changing Face of Outpatient Bronchoscopy. Chest. May 2013; 2013; 143(5):1214-1218.

Wong M, Yasafuku K et al. Endobronchial Ultrasound: New Insight for the Diagnosis of Sarcoidosis. Eur Resp J 2007; 29: 1182-1186.

Details of the requested increases over the current:

(Line 30 and 31) Increased time, consistent with the physician work from survey estimates, corrected consistent time for lines 30 and 31, with standard percentage of 100 percent for moderate sedation time for RN should be applied to all the codes in this family.
(Line 77) As per the current guidelines noted in our compelling evidence the national standard is 5L/M and based on the time from our survey the use of oxygen was added or increased consistent with the physician time and standard.
(Line 91) As per the current guidelines noted in our compelling evidence the national standard is to monitor CO_2, therefore equipment was added and time consistent with code line inputs were added to each code.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Hospital outpatient and ASC admission and preprocedural work-up, review of records, communication with other professionals, patient and family.
- Obtain informed consent.
- Obtain vital signs.
- Provide preservice education.
- Dress in gown, non-sterile gloves and eye shield before the procedure. Don lead apron for fluoroscopic guidance, if used. It is not typical for CPT codes 31622 and 31625.
- Prepare room, equipment, supplies and scope.
- Prepare and position the patient and equipment, following instructions by the physician, as noted in the SoR for physician work two additional minutes are necessary for **Positioning**: Addition of 2 minutes (3 min total) to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and moderate sedation monitoring
- The RN/RT also verifies the identity of the patient and the procedure to be performed in accord with JCAHO regulations.

Intra-Service Clinical Labor Activities:

- The patient is placed by the RN/RT on supplemental oxygen in the bronchoscopy suite which has resuscitative equipment in place.
- For CPT 31652 and 31653, the RN/RT adjusts endoscopic image(s) versus ultrasound image(s), as necessary.
- An IV is started by the RN/RT and the physician supervises the nebulized administration of inhaled topical anesthesia.
- The physician next applies local topical anesthesia to the oropharynx and nasopharynx.
- Under moderate sedation, administered by the physician, the RN properly monitors the pulse, blood pressure, CO2, SPO2, and ECG.

Post-Service Clinical Labor Activities:

- The RN/RT checks dressings, coordinates discharge, provides home care instructions, completes diagnostic forms, lab and x-ray requisitions.
- The RN/RT Cleans scope(s).
- The RN/RT examines the patient post-bronchoscopy and pre-discharge from the facility to ascertain that no complications, such as bleeding, plugging, or shortness of breath have occurred.
- The RN/RT reinforces to patient and explains to the family the previous instructions about post-procedure complications.

CPT Code: 31632-31633-31654
Specialty Society(‘s): American Thoracic Society (ATS) & The American College of Chest Physicians (CHEST)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT, Global and Long Descriptor:

CPT	Global	Long Description
31632	ZZZ	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure) (Use 31632 in conjunction with 31628)
31633	ZZZ	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure) (Use 31633 in conjunction with 31629)
31654	ZZZ	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s]) (Use 31654 in conjunction with 31622, 31625, 31626, 31628, 31629, 31652, 31653) (For EBUS to access mediastinal or hilar lymph node station(s) or adjacent structure(s) see 31652, 31653) (Report 31652, 31653, 31654 only once per session)

Global Period: ZZZ Meeting Date: January 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The ATS and CHEST convened a consensus panel via telephone and email to develop the inputs for this code.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes.

Reference Base Code Rationale: The surveying societies supplied all the existing and new code existing values as references, to the three add one codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

At the January 2014 RUC the PE committee and RUC approved the compelling evidence arguments that are repeated below for the committee’s information also discussed in the rationale on the SoRs. These services were sent back to CPT to develop bundled codes; Tab 5 represents the new family of EBUS that includes bundled codes.

Background from January 2014 RUC meeting:
As a result of the RUC Relativity Assessment Workgroup (RAW), CPT 31620 (*Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s))* was identified at the October 2013, meeting as part of the High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services be surveyed for physician work and develop practice expense inputs for the January 2014 RUC meeting.

31620 Compelling Evidence Statement

The performance including indications, technique and equipment for Endobronchial Ultrasound has evolved since CPT 31620 was last surveyed and evaluated by the RUC in 2004. In May of 2013 the American College of Chest Physicians (CHEST) published updated guidelines[1] on the Diagnosis and Management of Lung Cancer. This newest guideline establishes the standard for diagnosing and staging lung cancer. In selected patients with suspicion of mediastinal spread, either by discrete mediastinal lymph node enlargement on CT or PET uptake (and no distant metastases), a needle technique (endobronchial ultrasound [EBUS]-needle aspiration [NA], EUS-NA or combined EBUS/EUS-NA) is recommended over surgical staging as a best first test (Grade 1B). EBUS directed transbronchial needle aspiration is also now used to diagnose nonmalignant pulmonary diseases, such as sarcoidosis, tuberculosis and other infections as well with a growing body of literature to support this as the first test in patients with lymphadenopathy in the mediastinum.

In contrast to the previously RUC accepted physician work from 2004, there is now <u>more</u> physician work in the following ways:

(1) Technique

(a) Currently there is a separate bronchoscope that has the EBUS probe built into the tip. This is the standard technique for obtaining EBUS guided biopsies from mediastinal and hilar locations.

(b) The technique for using the newer bronchoscope requires the acquisition of new skills as the camera is at a 30 degree angle from the tip of the scope. The operator has to navigate the bronchoscope looking at the airway from an angle rather than the end of the scope.

(c) The ultrasound is visualized in real time during the biopsy procedure, and needs to be continuously adjusted in the field of view. This is a change from the prior technique in which the target was visualized and then the ultrasound (US) catheter removed to allow for the biopsy needle/forceps to be inserted into the same channel.

(2) The standardized procedure now involves the following:

[1] Chest Diagnosis and Management of Lung Cancer, 3rd ED: ACCP Guidelines, CHEST 2013; 143(5)(suppl):e211S-e250S

(a) New equipment as noted above.

References

Almeida FA, Casal RF, Jimenezs CA, et al. Quality Gaps and Comparative Effectiveness in Lung Cancer Staging, Chest. December 2013;144(6):1776-1782.

Manaker S, Vachani A, The Changing Face of Outpatient Bronchoscopy. Chest. May 2013; 2013; 143(5):1214-1218.

Wong M, Yasafuku K et al. Endobronchial Ultrasound: New Insight for the Diagnosis of Sarcoidosis. Eur Resp J 2007; 29: 1182-1186.

Details of the requested increases over the current:

(Line 30 and 31) Increased time, consistent with the physician work from survey estimates, corrected consistent time for lines 30 and 31, with standard percentage of 100 percent for moderate sedation time for RN should be applied to all the codes in this family.
(Line 77) As per the current guidelines noted in our compelling evidence the national standard is 5L/M and based on the time from our survey the use of oxygen was added or increased consistent with the physician time and standard.
(Line 91) As per the current guidelines noted in our compelling evidence the national standard is to monitor CO2, therefore equipment was added and time consistent with code line inputs were added to each code.

5. Please describe in detail the clinical activities of your staff:

Intra-Service Clinical Labor Activities:

- For CPT 31654, the RN/RT adjusts endoscopic image(s) versus ultrasound image(s), as necessary.
- RT assists physician in performing the procedure.
- Under moderate sedation, administered by the physician, the RN properly monitors the pulse, blood pressure, CO2, SPO2, and ECG.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**31622**		**31622**		**31625**		**31625**		**31626**		**31626**	
3	**Meeting Date: January 2015** **Tab: 5 Bronchoscopy & EBUS Revised 1-30-2015** **Specialty: ATS and CHEST**	**CMS Code**	**Staff Type**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**141.0**	**15.0**	**150.0**	**16.0**	**144.0**	**15.0**	**160.0**	**16.0**	**165.0**	**15.0**	**180.0**	**16.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**15.0**	**15.0**	**16.0**	**16.0**	**18.0**	**15.0**	**16.0**	**16.0**	**14.0**	**15.0**	**16.0**	**16.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**126.0**	**0.0**	**134.0**	**0.0**	**126.0**	**0.0**	**144.0**	**0.0**	**151.0**	**0.0**	**164.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**														
12	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	**L037D**	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**
14	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
15	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA	**5**		**5**		**7**		**5**		**3**		**5**	
16	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA	**2**	**2**	**3**	**3**	**3**	**2**	**3**	**3**	**3**	**2**	**3**	**3**
18	**End: When patient enters office/facility for surgery/procedure**														
19	**SERVICE PERIOD**														
20	**Start: When patient enters office/facility for surgery/procedure:**														
21	Greet patient, provide gowning, ensure appropriate medical records are available	L047C	RN/RT	**3**		**3**		**3**		**3**		**3**		**3**	
22	Obtain vital signs	L047C	RN/RT	**5**		**5**		**5**		**5**		**5**		**5**	
23	Provide pre-service education/obtain consent														
24	Prepare room, equipment, supplies	L047C	RN/RT	**2**		**2**		**2**		**2**		**2**		**2**	
25	Setup scope (non facility setting only)	L047C	RN/RT	**5**		**5**		**5**		**5**		**5**		**5**	
26	Prepare and position patient/ monitor patient/ set up IV	L047C	RN/RT	**2**		**2**		**2**		**2**		**2**		**2**	
27	Sedate/apply anesthesia	L051A	RN	**2**		**2**		**2**		**2**		**2**		**2**	
28	*Other Clinical Activity - specify: review charts	L047C	RN/RT	**2**				**2**				**2**			
29	**Intra-service**														
30	Assist physician in performing procedure (100%)	L047C	RN/RT	**30**		**30**		**30**		**35**		**45**		**45**	
31	Assist physician/moderate sedation (100% of physician time)	L051A	RN	**20**		**30**		**20**		**35**		**30**		**45**	
32	**Post-Service**														
33	Monitor pt. following moderate sedation	L051A	RN			**15**				**15**				**15**	
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN	**15**		**0**		**15**		**0**		**15**		**0**	
35	Clean room/equipment by physician staff	L047C	RN/RT	**3**		**3**		**3**		**3**		**3**		**3**	
36	Clean Scope	L047C	RN/RT	**30**		**30**		**30**		**30**		**30**		**30**	
37	Clean Surgical Instrument Package														
38	Complete diagnostic forms, lab & X-ray requisitions	L047C	RN/RT	**4**		**4**		**4**		**4**		**4**		**4**	
39	Review/read X-ray, lab, and pathology reports														
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L047C	RN/RT	**3**		**3**		**3**		**3**		**3**		**3**	
41	*Other Clinical Activity - *specify:*														
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**31622**		**31622**		**31625**		**31625**		**31626**		**31626**	
3	**Meeting Date: January 2015** **Tab: 5 Bronchoscopy & EBUS Revised 1-30-2015** **Specialty: ATS and CHEST**	**CMS Code**	**Staff Type**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
46	**POST-SERVICE Period**														
47	**Start: Patient leaves office/facility**														
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
57	**End: with last office visit before end of global period**														
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
59	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**	
60	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**		**1**		**1**		**1**		**1**	
61	pack, moderate sedation	SA044	pack	**1**		**1**		**1**		**1**		**1**		**1**	
62	needle, transbronchial, cytology (Wang)	SC043	item												
63	syringe 10-12ml	SC051	item	**2**		**2**		**2**		**2**		**2**		**2**	
64	syringe 50-60ml	SC056	item	**1**		**1**						**1**		**1**	
65	catheter, needle (for CPT 31626)	SC092	item									**1**		**1**	
66	suction specimen trap, sterile	SD121	item	**2**		**2**		**1**		**1**		**2**		**2**	
67	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**2**		**2**		**2**		**2**		**2**		**2**	
68	Indigo Carmine soln 0.8% inj (5cc vial uou)	SH041	item									**1**		**1**	
69	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**40**		**40**		**40**		**40**		**40**		**40**	
70	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml	**5**		**5**		**5**		**5**		**5**		**5**	
71	lidocaine 4% soln, topical (Xylocaine)	SH050	ml	**20**		**20**		**20**		**20**		**20**		**20**	
72	sodium chloride 0.9% inj (10ml uou)	SH066	item	**1**		**1**		**1**		**1**		**1**		**1**	
73	basin, emesis	SJ010	item	**1**		**1**		**1**		**1**		**1**		**1**	
74	denture cup	SJ016	item	**1**		**1**		**1**		**1**		**1**		**1**	
75	cup, biopsy-specimen sterile 4oz	SL036	item	**2**		**2**		**2**		**2**		**2**		**2**	
76	eye shield, splash protection	SM016	item	**2**		**2**		**2**		**2**		**2**		**2**	
77	gas, oxygen	SD084	**liter**			**90**				**105**		**225**		**135**	
78	sheath, endoscope ultrasound balloon	SD205	item												
79	**Balloon for Bronchoscopy Fiberscope**	SD294	item												
80	**EBUS, single use aspiration needle, 21 g**	**SC102**	item												
81	endoscopic biopsy forceps	**SD066**	item							**1**					
82	endoscopic cytology brush	**SD067**	item							**1**					
83	Gold Fiducial Marker	**INVOICE**	item											**3**	
84	endosheath	**SD070**	item												

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**31622**		**31622**		**31625**		**31625**		**31626**		**31626**	
3	**Meeting Date: January 2015 Tab: 5 Bronchoscopy & EBUS Revised 1-30-2015 Specialty: ATS and CHEST**	**CMS Code**	**Staff Type**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
85	**EQUIPMENT**	**CODE**													
86	fiberscope, flexible, bronchoscopy	ES017		**104**		**71**		**111**		**76**		**89**		**86**	
87	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		**104**		**41**		**111**		**46**		**89**		**56**	
88	suction machine (Gomco)	EQ235		**104**		**36**		**111**		**41**		**89**		**51**	
89	IV infusion pump	EQ032		**92**		**92**		**112**		**97**		**147**		**107**	
90	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**92**		**92**		**112**		**97**		**147**		**107**	
91	pulse oximeter w-printer	EQ211				**0**				**0**				**0**	
92	CO2 respiratory profile monitor	EQ004				**36**				**41**				**51**	
93	fluoroscopic system, mobile C-Arm	ER031										**89**		**56**	
94	table, power	EF031		**104**		**41**		**111**		**46**		**89**		**56**	
95	Stretcher	EF018				**89**				**89**				**89**	
96	table, instrument, mobile	EF027		**92**		**92**		**112**		**97**		**147**		**107**	
97	endoscope forceps, biopsy	ES006						**111**		**0**					
98	endoscope, ultrasound probe, balloon sheath	ES014													
99	endoscopic ultrasound processor	ER094													
100	Flexible dual-channeled EBUS bronchoscope	EQ361													
101	Video system, Ultrasound (processor, digital capture, monitor, printer, cart)	ER099													

	A	B	C	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1				REFERENCE CODE				REFERENCE CODE								REFERENCE CODE		REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**31628**		**31628**		**31629**		**31629**		**31652**		**31653**		**31620 Delete CY 2016 (RUC approved values Jan 2014)**		**31632 (add-on code)**		**31632 (add-on code)**	
3	**Meeting Date: January 2015 Tab: 5 Bronchoscopy & EBUS Revised 1-30-2015 Specialty: ATS and CHEST**	**CMS Code**	**Staff Type**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures		Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**161.0**	**15.0**	**170.0**	**16.0**	**144.0**	**15.0**	**160.0**	**16.0**	**245.0**	**16.0**	**275.0**	**16.0**	**137.0**	**0.0**	**32.0**	**0.0**	**36.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**18.0**	**15.0**	**16.0**	**16.0**	**18.0**	**15.0**	**16.0**	**16.0**	**16.0**	**16.0**	**16.0**	**16.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**143.0**	**0.0**	**154.0**	**0.0**	**126.0**	**0.0**	**144.0**	**0.0**	**229.0**	**0.0**	**259.0**	**0.0**	**137.0**	**0.0**	**32.0**	**0.0**	**36.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**																				
11	**Start: Following visit when decision for surgery or procedure made**																				
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**						
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**						
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**						
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**7**		**5**		**7**		**5**		**5**		**5**							
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**2**	**3**	**3**	**3**	**2**	**3**	**3**	**3**	**3**	**3**	**3**						
18	**End: When patient enters office/facility for surgery/procedure**																				
19	**SERVICE PERIOD**																				
20	**Start: When patient enters office/facility for surgery/procedure:**																				
21	Greet patient, provide gowning, ensure appropriate medical records are available	L047C	RN/RT	**3**		**3**		**3**		**3**		**3**		**3**							
22	Obtain vital signs	L047C	RN/RT	**5**		**5**		**5**		**5**		**5**		**5**							
23	Provide pre-service education/obtain consent																				
24	Prepare room, equipment, supplies	L047C	RN/RT	**2**		**2**		**2**		**2**		**2**		**2**		**2**					
25	Setup scope (non facility setting only)	L047C	RN/RT	**5**		**5**		**5**		**5**		10		10							
26	Prepare and position patient/ monitor patient/ set up IV	L047C	RN/RT	**2**		**2**		**2**		**2**		**2**		**2**							
27	Sedate/apply anesthesia	L051A	RN	**2**		**2**		**2**		**2**		**2**		**2**							
28	*Other Clinical Activity - specify: review charts	L047C	RN/RT	**2**				**2**													
29	**Intra-service**																				
30	Assist physician in performing procedure (100%)	L047C	RN/RT	**40**		**40**		**30**		**35**		**60**		**75**		**50**		**14**		**18**	
31	Assist physician/moderate sedation (100% of physician time)	L051A	RN	**27**		**40**		**20**		**35**		**60**		**75**		**50**		**18**		**18**	
32	**Post-Service**																				
33	Monitor pt. following moderate sedation	L051A	RN			**15**				**15**		**15**		**15**							
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN	**15**		**0**		**15**		**0**		**0**		**0**							
35	Clean room/equipment by physician staff	L047C	RN/RT	**3**		**3**		**3**		**3**		**3**		**3**							
36	Clean Scope	L047C	RN/RT	**30**		**30**		**30**		**30**		**60**		**60**		**35**					
37	Clean Surgical Instrument Package																				
38	Complete diagnostic forms, lab & X-ray requisitions	L047C	RN/RT	**4**		**4**		**4**		**4**		**4**		**4**							
39	Review/read X-ray, lab, and pathology reports																				
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L047C	RN/RT	**3**		**3**		**3**		**3**		**3**		**3**							
41	*Other Clinical Activity - *specify:*																				
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**																				

	A	B	C	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1				REFERENCE CODE				REFERENCE CODE								REFERENCE CODE		REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**31628**		**31628**		**31629**		**31629**		**31652**		**31653**		**31620 Delete CY 2016 (RUC approved values Jan 2014)**		**31632 (add-on code)**		**31632 (add-on code)**	
3	**Meeting Date: January 2015 Tab: 5 Bronchoscopy & EBUS Revised 1-30-2015 Specialty: ATS and CHEST**	**CMS Code**	**Staff Type**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures		Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
46	**POST-SERVICE Period**																				
47	**Start: Patient leaves office/facility**																				
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
57	**End: with last office visit before end of global period**																				
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																		
59	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**							
60	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**		**1**		**1**		**1**		**1**							
61	pack, moderate sedation	SA044	pack	**1**		**1**		**1**		**1**		**1**		**1**							
62	needle, transbronchial, cytology (Wang)	SC043	item					**3**		**2**											
63	syringe 10-12ml	SC051	item	**2**		**2**		**2**		**2**		**2**		**2**							
64	syringe 50-60ml	SC056	item					**2**		**2**		**1**		**1**							
65	catheter, needle (for CPT 31626)	SC092	item																		
66	suction specimen trap, sterile	SD121	item	**1**		**1**		**1**		**1**		**2**		**2**							
67	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**2**		**2**		**2**		**2**		**2**		**2**							
68	Indigo Carmine soln 0.8% inj (5cc vial uou)	SH041	item																		
69	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**40**		**40**		**40**		**40**		**40**		**40**							
70	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml	**5**		**5**		**5**		**5**		**5**		**5**							
71	lidocaine 4% soln, topical (Xylocaine)	SH050	ml	**20**		**20**		**20**		**20**		**20**		**20**							
72	sodium chloride 0.9% inj (10ml uou)	SH066	item	**1**		**1**		**1**		**1**		**1**		**1**							
73	basin, emesis	SJ010	item	**1**		**1**		**1**		**1**		**1**		**1**							
74	denture cup	SJ016	item	**1**		**1**		**1**		**1**		**1**		**1**							
75	cup, biopsy-specimen sterile 4oz	SL036	item	**2**		**2**		**2**		**2**		**2**		**2**							
76	eye shield, splash protection	SM016	item	**2**		**2**		**2**		**2**		**2**		**2**							
77	gas, oxygen	SD084	**liter**	**200**		**120**		**150**		**105**		**180**		**225**		**250 L**		**70**		**54**	
78	sheath, endoscope ultrasound balloon	SD205	item																		
79	**Balloon for Bronchoscopy Fiberscope**	SD294	item									**1**		**1**		**1**					
80	**EBUS, single use aspiration needle, 21 g**	**SC102**	item									**2**		**2**		**1**					
81	endoscopic biopsy forceps	**SD066**	item			**1**						**0**		**0**						**0**	
82	endoscopic cytology brush	**SD067**	item			**0**						**0**		**0**						**0**	
83	Gold Fiducial Marker	**INVOICE**	item																		
84	endosheath	**SD070**	item			**0**														**0**	

	A	B	C	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1				REFERENCE CODE				REFERENCE CODE								REFERENCE CODE		REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**31628**		**31628**		**31629**		**31629**		**31652**		**31653**		**31620 Delete CY 2016 (RUC approved values Jan 2014)**		**31632 (add-on code)**		**31632 (add-on code)**	
3	**Meeting Date: January 2015 Tab: 5 Bronchoscopy & EBUS Revised 1-30-2015 Specialty: ATS and CHEST**	**CMS Code**	**Staff Type**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures		Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
85	**EQUIPMENT**	**CODE**																			
86	fiberscope, flexible, bronchoscopy	ES017		**86**		**81**		**116**		**76**		**106**		**121**				**18**		**18**	
87	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		**86**		**51**		**116**		**46**		**76**		**91**				**18**		**18**	
88	suction machine (Gomco)	EQ235		**86**		**46**		**116**		**41**		**66**		**81**				**18**		**18**	
89	IV infusion pump	EQ032		**86**		**102**		**132**		**97**		**122**		**137**				**18**		**18**	
90	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**142**		**102**		**132**		**97**		**122**		**137**				**18**		**18**	
91	pulse oximeter w-printer	EQ211				**0**				**0**		**0**		**0**				**18**		**0**	
92	CO2 respiratory profile monitor	EQ004				**46**				**41**		**66**		**81**						**18**	
93	fluoroscopic system, mobile C-Arm	ER031		**142**		**51**		**116**		**46**											
94	table, power	EF031		**86**		**51**		**116**		**46**		**76**		**91**				**18**		**18**	
95	Stretcher	EF018				**89**				**89**		**94**		**94**						**0**	
96	table, instrument, mobile	EF027		**142**		**102**		**132**		**97**		**122**		**137**						**18**	
97	endoscope forceps, biopsy	ES006		**86**		**0**				**0**		**0**		**0**				**18**		**0**	
98	endoscope, ultrasound probe, balloon sheath	ES014										**0**		**0**							
99	endoscopic ultrasound processor	ER094										**0**		**0**							
100	Flexible dual-channeled EBUS bronchoscope	EQ361										**136**		**151**							
101	Video system, Ultrasound (processor, digital capture, monitor, printer, cart)	ER099										**76**		**91**							

	A	B	C	AH	AI	AJ	AK	AL	AM
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**31633 (add-on code)**		**31633 (add-on code)**		**31654 (add-on code)**	
3	**Meeting Date: January 2015** **Tab: 5 Bronchoscopy & EBUS Revised 1-30-2015** **Specialty: ATS and CHEST**	**CMS Code**	**Staff Type**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**35.0**	**0.0**	**40.0**	**0.0**	**65.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**35.0**	**0.0**	**40.0**	**0.0**	**65.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA						
13	Coordinate pre-surgery services	**L037D**	RN/LPN/MTA						
14	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA						
15	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA						
16	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA						
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available	L047C	RN/RT						
22	Obtain vital signs	L047C	RN/RT						
23	Provide pre-service education/obtain consent								
24	Prepare room, equipment, supplies	L047C	RN/RT					**2**	
25	Setup scope (non facility setting only)	L047C	RN/RT						
26	Prepare and position patient/ monitor patient/ set up IV	L047C	RN/RT						
27	Sedate/apply anesthesia	L051A	RN						
28	*Other Clinical Activity - specify: review charts	L047C	RN/RT						
29	**Intra-service**								
30	Assist physician in performing procedure (100%)	L047C	RN/RT	**15**		**20**		**30**	
31	Assist physician/moderate sedation (100% of physician time)	L051A	RN	**20**		**20**		**30**	
32	**Post-Service**								
33	Monitor pt. following moderate sedation	L051A	RN						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN						
35	Clean room/equipment by physician staff	L047C	RN/RT					**3**	
36	Clean Scope	L047C	RN/RT						
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions	L047C	RN/RT						
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L047C	RN/RT						
41	*Other Clinical Activity - *specify:*								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**								

	A	B	C	AH	AI	AJ	AK	AL	AM
1				REFERENCE CODE					
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4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	pack, minimum multi-specialty visit	SA048	pack						
60	pack, cleaning and disinfecting, endoscope	SA042	pack						
61	pack, moderate sedation	SA044	pack						
62	needle, transbronchial, cytology (Wang)	SC043	item			**0**			
63	syringe 10-12ml	SC051	item						
64	syringe 50-60ml	SC056	item						
65	catheter, needle (for CPT 31626)	SC092	item						
66	suction specimen trap, sterile	SD121	item						
67	gauze, sterile 4in x 4in (10 pack uou)	SG056	item						
68	Indigo Carmine soln 0.8% inj (5cc vial uou)	SH041	item						
69	lidocaine 1%-2% inj (Xylocaine)	SH047	ml						
70	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml						
71	lidocaine 4% soln, topical (Xylocaine)	SH050	ml						
72	sodium chloride 0.9% inj (10ml uou)	SH066	item						
73	basin, emesis	SJ010	item						
74	denture cup	SJ016	item						
75	cup, biopsy-specimen sterile 4oz	SL036	item						
76	eye shield, splash protection	SM016	item						
77	gas, oxygen	SD084	**liter**	**75**		**60**		**90**	
78	sheath, endoscope ultrasound balloon	SD205	item						
79	**Balloon for Bronchoscopy Fiberscope**	SD294	item					**0**	
80	**EBUS, single use aspiration needle, 21 g**	**SC102**	item					**0**	
81	endoscopic biopsy forceps	**SD066**	item						
82	endoscopic cytology brush	**SD067**	item						
83	Gold Fiducial Marker	**INVOICE**	item						
84	endosheath	**SD070**	item					**1**	

	A	B	C	AH	AI	AJ	AK	AL	AM
1				REFERENCE CODE					
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4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
85	**EQUIPMENT**	**CODE**							
86	fiberscope, flexible, bronchoscopy	ES017		**20**		**20**		**32**	
87	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		**20**		**20**		**32**	
88	suction machine (Gomco)	EQ235		**20**		**20**		**32**	
89	IV infusion pump	EQ032		**20**		**20**		**30**	
90	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**20**		**20**		**30**	
91	pulse oximeter w-printer	EQ211		**20**		**0**		**0**	
92	CO2 respiratory profile monitor	EQ004				**20**		**32**	
93	fluoroscopic system, mobile C-Arm	ER031							
94	table, power	EF031		**20**		**20**		**32**	
95	Stretcher	EF018				**0**		**5**	
96	table, instrument, mobile	EF027				**20**		**30**	
97	endoscope forceps, biopsy	ES006		**20**		**0**		**0**	
98	endoscope, ultrasound probe, balloon sheath	ES014						**32**	
99	endoscopic ultrasound processor	ER094						**38**	
100	Flexible dual-channeled EBUS bronchoscope	EQ361							
101	Video system, Ultrasound (processor, digital capture, monitor, printer, cart)	ER099						**0**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2015

Transcatheter Pulmonary Valve Implantation

33477 ***Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed***

The RUC reviewed the survey results from 45 cardiologists and agreed that the 25th percentile work value of 25.00 accurately represents the typical physician work of this procedure. The surgery involves placement of a new pulmonary valve via catheter. The specialty elaborated that this is a low volume code that is typically performed on children with a history of congenital heart defects that have had multiple surgeries prior to this procedure. The typical patient has had a failed surgery and by the time of the procedure is decompensating and therefore very ill. The typical patient is referred for surgery from another institution. The specialty also noted that although this is considered a minimally invasive procedure, the surgery and the typical patient are quite complex. Finally, the specialties noted that although this procedure was originally a 090-day procedure it was surveyed as a 000-day global in recognition of the CMS surgical global transition. Given the discussion surrounding the complexity of the service, the RUC agreed that the high level of intensity is appropriate. The RUC agreed with the following physician time components: pre-service time of 63 minutes, intra-service time of 180 minutes and post-service time of 33 minutes.

To further justify a work RVU of 25.00 for 33477, the RUC compared the survey code to top key reference code 93581 *Percutaneous transcatheter closure of a congenital ventricular septal defect with implant* (work RVU= 24.39, intra-service time of 180 minutes), and agreed that the services represent analogous physician work, though the survey code has somewhat more total time, supporting a somewhat higher value for the survey code.. In addition, the RUC compared the survey code to CPT code 33891 *Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision* (work RVU=20.00, intra-service time 173 minutes) and noted that the survey code is slightly more intense and has more intra-service time and should therefore be valued somewhat higher. **The RUC recommends a work RVU of 25.00 for CPT code 33477.**

New Technology
The RUC recommends that code 33477 be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee. The RUC notes that:

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- The RUC standard for 000-day and 010-day global codes is no pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that 30 minutes for facility based procedures may apply to a select number of codes. The specialty determined and the RUC agreed that CPT code 33477 requires extensive use of clinical staff time, similar to reference code 93581 and other congenital services.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Cardiovascular System** **Cardiac Valves** **Aortic Valve**				
33361		*Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach*		
33362		*open femoral artery approach*		
33363		*open axillary artery approach*		
33364		*open iliac artery approach*		
33365		*transaortic approach (eg, median sternotomy, mediastinotomy)*		
33366		*transapical exposure (eg, left thoracotomy)*		
✚*33367*		*cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)*		
		(Use 33367 in conjunction with 33361, 33362, 33363, 33364, 33365, 33366, 33418, 33477)		
		(Do not report 33367 in conjunction with 33368, 33369)		
✚ *33368*		*cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)*		
		(Use 33368 in conjunction with 33361, 33362, 33363, 33364, 33365, 33366, 33418, 33477)		

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(Do not report 33368 in conjunction with 33367, 33369)

✚*33369* *cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)*

(Use 33369 in conjunction with 33361, 33362, 33363, 33364, 33365, 33366, 33418, 33477)

(Do not report 33369 in conjunction with 33367, 33368)

Category I
Surgery
Cardiovascular System
Cardiac Valves
Pulmonary Valve

Code 33477 is used to report transcatheter pulmonary valve implantation (TPVI). Code 33477 should only be reported once per session.

Code 33477 includes the work, when performed, of percutaneous access, placing the access sheath, advancing the repair device delivery system into position, repositioning the device as needed, and deploying the device(s). Angiography, radiological supervision, and interpretation performed to guide TPVI (eg, guiding device placement and documenting completion of the intervention) are included in the code.

Code 33477 includes all cardiac catheterization(s), intraprocedural contrast injection(s), fluoroscopic radiological supervision and interpretation, and imaging guidance performed to complete the pulmonary valve procedure. Do not report 33477 in conjunction with 76000, 76001, 93451, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533, 93563, 93566, 93567, 93568 for angiography intrinsic to the procedure.

Code 33477 includes percutaneous balloon angioplasty of the conduit/treatment zone, valvuloplasty of the pulmonary valve conduit, and stent deployment within the pulmonary conduit or an existing bioprosthetic pulmonary valve, when performed. Do not report 33477 in conjunction with 37236, 37237, 92997, 92998 for pulmonary artery angioplasty/valvuloplasty or stenting within the prosthetic valve delivery site.

Codes 92997, 92998 may be reported separately when pulmonary artery angioplasty is performed at a site separate from the prosthetic valve delivery site. Codes 37236, 37237 may be reported separately when pulmonary artery stenting is performed at a site separate from the prosthetic valve delivery site

Diagnostic right heart catheterization and diagnostic coronary angiography codes (93451, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533, 93563, 93566, 93567, 93568) should **not** be used with 33477 to report:

1. Contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the TPVI,

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2. Pulmonary conduit angiography for guidance of TPVI, OR

3. Right heart catheterization for hemodynamic measurements before, during and after TPVI for guidance of TPVI

Diagnostic right and left heart catheterization codes (93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533), diagnostic coronary angiography codes (93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93563, 93564) and diagnostic pulmonary angiography (93568) may be reported with 33477, representing separate and distinct services from TPVI, if:

1. No prior study is available and a full diagnostic study is performed, OR

2. A prior study is available, but as documented in the medical record:

   a. There is inadequate visualization of the anatomy and/or pathology, OR

   b. The patient's condition with respect to the clinical indication has changed since the prior study, OR

   c. There is a clinical change during the procedure that requires new evaluation.

Other cardiac catheterization services may be reported separately when performed for diagnostic purposes not intrinsic to TPVI.

For same session/same day diagnostic cardiac catheterization services, report the appropriate diagnostic cardiac catheterization code(s) appended with modifier 59 indicating separate and distinct procedural service from TPVI.

Diagnostic coronary angiography performed at a separate session from an interventional procedure may be separately reportable when performed.

Percutaneous coronary interventional procedures may be reported separately, when performed.

Percutaneous pulmonary artery branch interventions may be reported separately, when performed.

When transcatheter ventricular support is required in conjunction with TPVI, the appropriate code may be reported with the appropriate percutaneous ventricular assist device (VAD) procedure codes (33990, 33991, 33992, 33993), ECMO-ECLS procedure code (33946-33989) or balloon pump insertion code (33967, 33970, 33973).

When cardiopulmonary bypass is performed in conjunction with TPVI, code 33477 may be reported with the appropriate add-on code for percutaneous peripheral bypass (33367), open peripheral bypass (33368), or central bypass (33369).

33476 *Right ventricular resection for infundibular stenosis, with or without commissurotomy*

33478 *Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection*

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

(Use 33478 in conjunction with 33768 when a cavopulmonary anastomosis to a second superior vena cava is performed)

Category I
Medicine
Cardiovascular
Cardiac Catheterization

⊙✚*93462* *Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)*

(Use 93462 in conjunction with 33477, 93452, 93453, 93458, 93459, 93460, 93461, 93582, 93653, 93654,)

(Do not report 93462 in conjunction with 93656)

(Do not report 93462 in conjunction with 0345T unless transapical puncture is performed)

⊙✚*93463* *Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)*

(Use 93463 in conjunction with 33477, 93451-93453, 93456-93461, 93530, 93531, 93532, 93533, 93580, 93581)

(*Report 93463 only once per catheterization procedure)*

(Do not report 93463 for pharmacologic agent administration in conjunction with coronary interventional procedure codes 92920-92944, 92975, 92977)

⊙✚*93464* *Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)*

(Use 93464 in conjunction with 33477,93451-93453, 93456-93461, 93530-93533)

(Report 93464 only once per catheterization procedure)

(For pharmacologic agent administration, use 93463)

(For bundle of His recording, use 93600)

Category III

~~0262T~~ ~~Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach~~

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	~~Sunset January 2017~~ ~~(0262T includes all congenital cardiac catheterization[s], intraprocedural contrast injection[s], fluoroscopic radiological supervision and interpretation, and imaging guidance performed to complete the pulmonary valve procedure. Do not report 0262T in conjunction with 76000, 76001, 93530, 93563, 93566-93568)~~ ~~(0262T includes percutaneous balloon angioplasty/ valvuloplasty of the pulmonary valve/conduit. Do not report 0262T in conjunction with 92990)~~ ~~(0262T includes stent deployment within the pulmonary conduit. Do not report 37236-37239 for stent placement within the pulmonary conduit. Report 37236-37239, 92928-92944 separately when cardiovascular stent placement is performed at a site separate from the prosthetic valve delivery site. Report 92997, 92998 separately when pulmonary artery angioplasty is performed at a site separate from the prosthetic valve delivery site, unless stenting also performed at that site.)~~ (0262T has been deleted. To report, use 33477 for transcatheter pulmonary valve implantation)			
●33477	F1	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	000	25.00

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33477 Tracking Number F1 Original Specialty Recommended RVU: **28.00**
Presented Recommended RVU: **28.00**
Global Period: 000 RUC Recommended RVU: **25.00**

CPT Descriptor: Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 16-year-old female with a history of total repair of Tetralogy of Fallot has developed shortness of breath and extreme weakness upon exertion believed to be due to a failing pulmonary conduit; cardiac MRI finds severe pulmonary regurgitation and right ventricular dilatation. The patient is found to be a candidate for percutaneous pulmonary valve implantation.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 31%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The patient's history, records, laboratory and diagnostic tests are reviewed. Typically this includes review of the patient's prior procedures, the report of the initial creation of the right ventricle-pulmonary artery conduit, reports of prior interventions on the conduit, and review of relevant imaging studies such as prior chest X-rays, catheter based angiograms, CT angiograms, MRA studies, and echocardiograms. Physical examination is conducted. A clinical note is generated summarizing the clinical information if a recent note is not available. The patient is prepared for the procedure with careful documentation of baseline clinical findings such as vital signs, arterial pulses, allergies, electrocardiographic findings, laboratory results, family contact information, and other data. Appropriate antiplatelet and other pharmacologic therapy important for patient safety is ensured. Additional pre-procedure functions include writing orders for adequate sedation and patient support, and a review of study arrangements and procedures with technical, nursing and other assisting personnel.

Appropriate communication is conducted with the patient and family as well as other medical professionals as needed. The procedure is reviewed with the patient and family. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained.

Necessary equipment, instruments and supplies for the procedure are confirmed to be available and operational. Appropriate set up of the injection manifold and hemodynamic monitoring is confirmed. A sterile drape is placed over the patient.

Description of Intra-Service Work: The heart rate, rhythm and blood pressure are continually monitored throughout the procedure. Broad-spectrum IV antibiotics are given for prophylaxis. Heparin is administered and ACT is intermittently checked throughout the procedure.

Arterial and venous access is established, typically from the femoral artery and femoral vein. Sheaths are placed in the artery and the vein.

Right heart catheterization is performed using standard technique.

A stiff guidewire is placed across the RV to PA conduit/bioprosthetic pulmonary valve (BPV). Under fluoroscopic guidance, an angiographic catheter of choice is placed in position to assess the appropriate site for valve implantation and quantification of pulmonary valve stenosis and/or regurgitation. Pulmonary angiography of the main pulmonary artery is performed. Typically, this is done in multiple views. The angiographic catheter is withdrawn.

A pulmonary angioplasty balloon catheter is passed over the guidewire and positioned at the appropriate level across the existing valve within the RV to PA conduit or bioprosthetic pulmonary valve. Pre-dilation of the conduit and existing valve using the balloon angioplasty/valvuloplasty catheter is performed. During inflation of the balloon, selective coronary angiography of the left coronary artery is performed in specific views to assess any potential compromise of the left coronary that could occur during valve implantation. Assessment is then undertaken of the size of the newly dilated conduit, waist of the existing valve, and compliance of the conduit to ensure a suitable valve delivery site. Angiography of the area may is again performed at this time to rule out conduit rupture.

Typically, the conduit is reinforced by inserting a single or multiple balloon-expandable stents. Over a stiff wire, a delivery sheath was advanced from the femoral vein, through the right atrium, through the tricuspid valve, into the right ventricle, and torqued up into the right ventricular outflow tract, and advanced up into the main pulmonary artery. Typically, this requires significant manipulation, wire manipulation, and multiple attempts. The dilator from the sheath is removed, and the sheath is carefully de-aired to avoid air embolization. A rigid, balloon-expandable stent is mounted on a delivery balloon, and this is tract over a wire through the sheath up into the main pulmonary artery. The stent is desheathed carefully to avoid embolization and positioned using angiography through the sheath. Once proper position is confirmed, the stent is deployed in a sequential manner. Typically, the patient's blood pressure falls significantly due to impaired cardiac output, and pharmacologic intervention may be required. Fluoroscopy/angiography is then performed to confirm stent placement and exclude vascular perforation. Often, multiple stents are required to be delivered in this manner to prepare the conduit for valve replacement.

In preparation for implantation, the percutaneous pulmonary valve is repeatedly rinsed per protocol. The delivery catheter system is vigorously flushed to remove air. The stented valve is crimped onto the delivery catheter system. Correct orientation of the valve on the delivery catheter system is confirmed by the operator and another staff member in the room. Depending on the system, the valve may then be covered with an outer sheath while flushing with saline.

After confirming anti-coagulation, the femoral vein or other venous access is sequentially dilated to accept the very large delivery catheter. The current indwelling sheath is exchanged out for the delivery catheter. Over the guidewire, the delivery system is advanced under fluoroscopy into the right ventricular outflow tract, to the target position within the conduit. Again, this typically requires significant torqueing and wire manipulation to advance the large-bore sheath into this position. Position is confirmed by fluoroscopy and/or by injection of contrast. The stented valve is implanted by inflation of balloon(s) on the delivery catheter system. Typically, the patient's blood pressure falls significantly due to impaired cardiac output, and pharmacologic intervention may be required. The balloon(s) is/are deflated and the delivery system is withdrawn.

Repeat main pulmonary angiography and pressure measurements are done to confirm placement and to exclude vascular rupture/compromise. If clinically indicated, an additional high-pressure angioplasty balloon may be used to post-dilate the newly implanted stented valve within the conduit/BPV.

After confirming satisfactory position and function of the valve, as well as assessing the degree of any paravalvular regurgitation, the guide wire and sheath are removed from the patient. The opening of the access artery is closed via blind closure, manual compression, or a closure device. The venous access may also be closed. Heparin may be reversed using Protamine. A sterile dressing is applied to the entry sites. Baseline fluoroscopic views of the valve may be taken for comparison at a later date.

Description of Post-Service Work: The patient's fluoroscopic exposure time and contrast administration volume are reviewed and recorded. The physician confirms that the patient's hemodynamics are stable and hemostasis is present upon arrival to the recovery area. Post-procedure orders are written. The family and referring physician are apprised of the procedure outcome. The results of the procedure are reviewed with the patient after sedation wears off. Images are reviewed and interpreted. Procedure notes are dictated, reviewed, revised as necessary and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Richard Wright, MD; Thad Waites, MD; Cliff Kavinsky, MD; Hari Naidu, MD				
Specialty(s):	ACC, SCAI				
CPT Code:	33477				
Sample Size:	902	**Resp N:** 45	**Response:** 4.9 %		
Description of Sample:	Random sample of interventional cardiologists and pediatric interventional cardiologists. Targeted sample of 38 members provided by industry.				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	3.00	**6.00**	10.00	25.00
Survey RVW:	18.00	25.00	**28.00**	30.50	55.00
Pre-Service Evaluation Time:			**90.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	60.00	150.00	**180.00**	240.00	300.00
Immediate Post Service-Time:	**60.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33477	**Recommended Physician Work RVU: 25.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**33.00**	**33.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93581	000	24.39	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of a congenital ventricular septal defect with implant

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93580	000	17.97	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	48,928

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 44 **% of respondents:** 97.7 **%**

Number of respondents who choose 2nd Key Reference Code: 1 **% of respondents:** 2.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 33477	Top Key Reference CPT Code: 93581	2nd Key Reference CPT Code: **93580**
Median Pre-Service Time	63.00	30.00	30.00
Median Intra-Service Time	180.00	180.00	120.00
Median Immediate Post-service Time	33.00	60.00	60.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**276.00**	**270.00**	**210.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.73	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.11	1.00
Urgency of medical decision making	0.39	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.52	0.00
Physical effort required	0.61	0.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.93	-1.00
Outcome depends on the skill and judgment of physician	0.64	0.00
Estimated risk of malpractice suit with poor outcome	0.57	0.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.09	0.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

33477 is a new code to describe the work of repairing failing pulmonary valve conduits through deployment of a bioprosthetic pulmonary valve via a catheter. The service was surveyed by both random sample as well as a targeted pool of providers identified by the device manufacturer. That data is presented both separately and combined in the summary spreadsheet.

A joint RVS panel of ACC and SCAI members reviewed the survey data. The panel reviewed the preservice time and selected package 4 for a difficult patient/procedure with sedation. The service is performed general anesthesia. We recommend postservice package 9B for a complex procedure. The service is exclusively performed in a hospital and the patient is sent home several days later.

The key reference service is 93581, transcatheter closure of a congenital ventricular septal defect. The key reference was selected by all but one of the 45 survey respondents, or 98% of respondents. Respondents who selected the key reference service indicated 33477 to be more intense/complex than the key reference service in all metrics.

This code was originally to be surveyed as a 90-day global. After the PFS final rule was posted, it was surveyed as a 0-day global after consultation with RUC staff. This made comparison to codes on the MPC list challenging. We have included on the SOR the highest 0-day global MPC code (52353 at 7.50 work RVUs) as well as a 90-day global MPC code we think is more clinically similar (33426 at 43.28 work RVUs; 28.48 day-of-procedure work RVUs). With the changes being made to global periods by CMS, we appreciate any additional insights reviewers and the RUC may have into making MPC comparisons. We considered making comparisons to 90-day global services with post-operative time and RVUs removed, but were uncertain whether that was a reasonable addition to the SOR.

Consistent with the survey, the societies recommend the survey median work RVU of 28.00 with 63 minutes of preservice time from package 4, 180 minutes intraservice time, and 33 minutes postservice time from package 9B.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these

data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0262T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty interventional cardiology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This device is approved by the FDA under a humanitarian device exemption, which means the medical device is intended o benefit patients in the treatment or diagnosis of a disease or condition that affects or is manifested in fewer than 4,000 individuals in the United States per year. Utilization is estimated to be about 1500 based on device sales.

Specialty interventional cardiology Frequency 1500 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2013 Medicare utilization of 0262T. This service will almost never be provided in the Medicare population.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty interventional cardiology Frequency 3 Percentage 100.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93581

SS Rec Summary

ISSUE: **Transcatheter Pulmonic Valve Implantation**

TAB: **6**

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	93581	Percutaneous	44	0.128			24.39			240	30					180			30
Random	93581		36	0.128			24.39			240	30					180			30
Targeted	93581		8	0.128			24.39			240	30					180			30
CURRENT				#DIV/0!						0									
SVY	33477	Transcatheter	45	0.134	18.00	25.00	28.00	30.50	55.00	370	90	20	20	60	150	180	240	300	60
Random			37	0.134	18.00	25.00	28.00	30.50	54.00	370	90	20	20	60	150	180	240	300	60
Targeted			8	0.139	20.00	27.63	29.00	31.25	55.00	380	90	20	30	120	143	180	195	300	60
REC	33477	Transcatheter		0.129			25.00			276	40	3	20			180			33

Package 4 Package 9B

6, 7
Tab Number

TPVI, IVUS
Issue

33477
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Richard Wright, MD
Printed Signature

ACC
Specialty Society

1/6/15
Date

AMA/Specialty Society RVS Update Committee (RUC)

Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

0262T

CPT® Codes

MEDTRONIC Inc.

Vendor/Company Name

By: Angelica Oyugi

ANGELICA OYUGI

Printed Signature

Principal Reimbursement Analyst

Title

October 29, 2014

Date

CPT Code:_ 33477_
Specialty Society(‘s)_ACC, SCAI__

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed

Global Period:_000__ Meeting Date:_January 2015___

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: A specialty panel representing cardiology and interventional cardiology discussed the practice expense inputs for 33477.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The Panel selected survey key reference code 93581 as a PE reference code due to its clinical similarities and its 0-day global period.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: We recommend the PE Subcommittee standards for a 0-day facility service with extensive use of clinical staff time, similar to key reference code 93581.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
-Complete pre-service diagnostic and referral forms
-Coordinate pre-service surgery services
-Schedule space and equipment in facility
-Provide pre-service education/obtain consent
-Follow-up phone calls and prescriptions

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93581**		**33477**	
3	**Meeting Date: January 2015 Tab: 6 Specialty: ACC, SCAI**	**CMS Code**	**Staff Type**	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant		Transcatheter pulmonary valve implantation, percutaneous approach, including pre-	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**000**		**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**33.0**	**0.0**	**30.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**30.0**	**0.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**3.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**		**5**		**5**
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**		**10**		**10**
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**		**5**		**5**
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**		**7**		**7**
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**		**3**		**3**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93581**		**33477**	
3	**Meeting Date: January 2015 Tab: 6 Specialty: ACC, SCAI**	**CMS Code**	**Staff Type**	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant		Transcatheter pulmonary valve implantation, percutaneous approach, including pre-	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**000**		**000**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify: inform patient/family of results, follow-up phone calls*	**L037D**	**RN/LPN/MTA**		**3**		
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack				
60	**EQUIPMENT**	**CODE**					

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request – Final Rule for 2015

January 2015

Intravascular Ultrasound

In the NPRM for 2015 MPFS, a stakeholder requested that CMS establish non-facility PE RVUs for CPT code 37250 and 37251. CMS is seeking comment regarding whether it is appropriate to have non-facility PE RVUs for these codes and if so what inputs should be assigned. In September 2014 the RUC recommended to refer this issue to CPT. At the October CPT meeting, CPT codes 37250 and 37251 were deleted and new bundled codes were developed to describe Intravascular Ultrasound (IVUS).

37252 ***Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results for 42 physicians and agreed that the 25th percentile work value of 1.80 accurately represents the typical physician work of this procedure. This is a newly bundled procedure which now includes radiological supervision and interpretation. In response to issues raised about whether or not pre- and post-service time would represent duplicative work with the primary procedure code this add-on will be billed with, the pre- and post-service times were reduced to 1 minute, respectively. The RUC reviewed the survey times and agreed that the median intra-service time of20 minutes is appropriate. The specialty reported that during the 1 minutes of pre-service time, the physician assesses the approach to the procedure, ensures appropriate equipment is available and often discusses with the patient what will be happening during the procedure. The specialty noted that although the recently valued lower extremity codes are ZZZ codes, they also were valued with 1 minute of pre-service time. Those services include codes 37222, 37223 and 27234. Code 37252 also has inherent moderate sedation and would be reported with other codes that have inherent moderate sedation.

To further justify a work RVU of 1.80 for 37252, the RUC reviewed CPT code 92978 *Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)* (work RVU= 1.80, intra-service time of 25 minutes), and agreed that although the survey code has somewhat less intra-service time, it is also more intense service, warranting a similar work value. In addition, the RUC compared the survey code to CPT code 36227 *Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)* (work RVU= 2.09, intra-service time of 15 minutes) and noted that even though the survey code has more intra-service time, it is a less intense procedure, warranting a somewhat lower work value for the survey code. **The RUC recommends a work RVU of 1.80 for CPT code 37252.**

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37253 ***Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results for 41 physicians and agreed that the 25th percentile work value of 1.44 accurately represents the typical physician work of this procedure. The RUC also agreed with the following physician time components: pre-service time of 0 minutes, intra-service time of 20 minutes and post-service time of 1minute. The RUC confirmed that the additional minute of post-service time is not duplicative as the previously obtained images are re-reviewed for accuracy and dictated into the final operative report. The results are then discussed with the patient and family as well as the referring physician. This post-service work is necessary for each additional vessel, just as it is for the initial vessel.

To justify a work RVU of 1.44 for 37253, the RUC reviewed CPT code 92978 *Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)* (work RVU= 1.80, intra-service time of 25 minutes), and agreed that since the survey code has somewhat less intra-service time and similar intensity, it should have a somewhat lower value compared to the reference code. In addition, the RUC compared the survey code to CPT code 16036 *Escharotomy; each additional incision (List separately in addition to code for primary procedure)* (work RVU= 1.50, intra-service time of 20 minutes) and noted that both services have identical intra-service time and similar intensities and therefore should be valued similarly. **The RUC recommends a work RVU of 1.44 for CPT code 37253.**

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense – The RUC reviewed and approved the direct practice expense inputs with the following minor modifications as approved by the Practice Expense Subcommittee:

- The clinical staff time was changed from 1 to 0 for 37253 because CPT code 37253 is for each additional non-coronary vessel, so no clinical staff time to prepare the room, equipment and supplies is needed and is only in the initial CPT code, 37252 (line 30)
- All equipment minute calculations were updated to include the appropriate line items.
- CMS noted that the invoice for supply item IVUS Catheter Sterile Cover (NEW) simply says box without the number included in the box. CMS requests that the specialties submit invoices that clearly detail the amount paid for the quantity listed on the PE spreadsheet without notations from the specialty. The specialty is recommending one sterile cover and listed a unit of 0.1 of the box. The specialty clarified that there are 10 sterile covers in the box.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Category I
Surgery
Cardiovascular System
Arteries and Veins
Endovascular Revascularization (Open or Percutaneous, Transcatheter)

Codes 37236-37239 are used to report endovascular revascularization for vessels other than lower extremity…

Codes 37236, 37237 describe transluminal intravascular stent insertion in an artery while 37238, 37239 describe transluminal intravascular stent insertion in a vein…

Codes 37236-37239 include radiological supervision and interpretation directly related to the intervention(s) performed, closure of the arteriotomy by pressure, application of an arterial closure device or standard closure of the puncture by suture, and imaging performed to document completion of the intervention in addition to the intervention(s) performed. Extensive repair or replacement of an artery may be reported separately (eg, 35226 or 35286). Report 76937 for ultrasound guidance for vascular access, when performed in conjunction with 37236-37239. Intravascular ultrasound may be reported separately (ie, ~~37250, 37251~~37252, 37253). For mechanical thrombectomy and/or thrombolytic therapy, when performed, see 37184-37188, 37211-37214.

Intravascular stents, both covered and uncovered, are a class of devices that may be used as part of an embolization procedure…

Category I
Surgery
Cardiovascular System
Arteries and Veins
Intravascular Ultrasound Services

Intravascular ultrasound (IVUS) services include all transducer manipulations and repositioning within the specific vessel being examined~~, both~~ during a diagnostic procedure or before, during, and/or after therapeutic intervention (eg, stent or stent graft placement, angioplasty, atherectomy, embolization, thrombolysis, transcatheter biopsy).

IVUS is included in the work described by codes 37191, 37192, 37193, 37197 (intravascular vena cava [IVC] filter placement, repositioning and removal, and intravascular foreign body retrieval) and should not be separately reported with those procedures. If a lesion extends across

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the margins of one vessel into another, this should be reported with a single code despite imaging more than one vessel. Non-selective and/or selective vascular catheterization may be separately reportable (eg, 36005-36248). ~~Vascular access for intravascular ultrasound performed during a therapeutic intervention is not reported separately.~~				
~~✚37250~~		~~Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)~~	ZZZ	N/A
~~✚37251~~		~~each additional vessel (List separately in addition to code for primary procedure)~~ ~~(Use 37251 in conjunction with 37250)~~ ~~*(For catheterizations, see 37215-36248)*~~ ~~*(For transcatheter therapies, see 37200, 37202, 37236-37239, 37241-37244, 61624, 61626)*~~ ~~(For radiological supervision and interpretation see 75945, 75946)~~ (37250, 37251 have been deleted. To report noncoronary intravascular ultrasound during diagnostic evaluation and/or therapeutic intervention, see 37252, 37253)	ZZZ	N/A
⊙✚●37252	G1	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (List separately in addition to code for primary procedure)	ZZZ	1.80
⊙✚●37253	G2	each additional non-coronary vessel (List separately in addition to code for primary procedure) (Use 37253 in conjunction with 37252) (Do not report 37252, 37253 in conjunction with 37191,	ZZZ	1.44

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		37192, 37193, 37197)		

Diagnostic Radiology (Diagnostic Imaging)
Vascular Procedures
Transcatheter Procedures

~~75945 Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel~~

~~+75946 each additional non-coronary vessel (List separately in addition to code for primary procedure)~~

~~(Use 75946 in conjunction with 75945)~~

~~(For catheterizations, see codes 36215-36248)~~

(75945, 75946 have been deleted. To report noncoronary intravascular ultrasound during diagnostic evaluation and/or therapeutic intervention, see 37252, 37253)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37252 Tracking Number G1 Original Specialty Recommended RVU: **1.80**
Presented Recommended RVU: **1.80**
Global Period: ZZZ RUC Recommended RVU: **1.80**

CPT Descriptor: Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (List separately in addition to code for primary procedure)

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 86%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 78%

Description of Pre-Service Work: Discuss procedure with patient; including risks, benefits, potential complications, and alternatives to IVUS for additional informed consent.

Description of Intra-Service Work: The patient undergoes lower extremity angiography from a common femoral access for evaluation and treatment of peripheral arterial disease. (Reported separately) The Intravascular ultrasound (IVUS) catheter is introduced over a wire and the area of interest is evaluated. The catheter is advanced. Images are taken. Color flow is assessed. Plaque morphology is evaluated. After all appropriate data are collected and recorded, the catheter is removed. The endovascular intervention is performed (reported separately) and the catheter re-inserted to assess technical adequacy. IVUS images reviewed and additional information to be dictated into the final operative report.

Description of Post-Service Work: Dictate and sign report. Call and discuss with referring phsyician. Discuss results with patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, David Han, MD, Gary Seabrook, MD, Richard Wright, MD, Thad Waites, MD, Clifford Kavinsky, MD, Jerry Niedzwiecki, MD, Michael Hall, MD and Timothy Swan, MD				
Specialty(s):	Vascular Surgery, Cardiology, Interventional Radiology				
CPT Code:	37252				
Sample Size:	4489	**Resp N:** 42	**Response:** 0.9 %		
Description of Sample:	SVS - All US MD membership/3989 ACC - 500 random US MD members				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**8.00**	20.00	155.00
Survey RVW:	1.40	1.80	**2.00**	2.99	4.00
Pre-Service Evaluation Time:			**13.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	60.00
Immediate Post Service-Time:	**10.00**				

Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37252	**Recommended Physician Work RVU: 1.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92978	ZZZ	1.80	**RUC Time**

CPT Descriptor Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37239	ZZZ	2.97	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,339

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	444

CPT Descriptor 2 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 57.1 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 19.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37252	Top Key Reference CPT Code: 92978	2nd Key Reference CPT Code: **37239**
Median Pre-Service Time	1.00	0.00	1.00
Median Intra-Service Time	20.00	25.00	30.00
Median Immediate Post-service Time	1.00	0.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**25.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES *(of those that selected Key Reference codes)*	**Top Key Ref Code**	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.42	0.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.50	0.50
Urgency of medical decision making	0.00	0.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.38	0.88
Physical effort required	0.29	0.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	-0.13	0.25

Outcome depends on the skill and judgment of physician	0.33	0.75
Estimated risk of malpractice suit with poor outcome	-0.13	-0.38

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.21	0.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

Code 37252 is new code bundling existing codes 37250 *Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)* and it's radiologic supervision and interpretation code 75945 *Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel*.

Methodology

A multi-disciplinary workgroup including ACC/SCAI, SVS, and SIR was convened. A survey was distributed randomly to the members of the representative societies. There were 42 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation

We are recommending the 25th percentile survey value of 1.80 RVW for 37252.

Pre- and Post-Service Time

CPT code 372X1 is an add-code in the sense that it is never performed alone but is also done as an addition to another service. It therefore has a global assignment of ZZZ. Add-on codes do not typically have pre-service or post-service time as they are additional to a base code. However, we do not believe this to be the case for 37252. Although 37252 is an add-on to another code, there is pre-service time that is unique to this service and in addition the base code. This includes the additional information necessary to relay to the patient regarding risks, benefits, potential complications, and alternatives to IVUS for additional informed consent. It also includes confirming that the necessary IVUS catheters and wires are available, and confirm that the IVUS machine is functional and calibrated. We feel that these extra services justify 5 minutes of pre-service time.

As for post-service time, the previously obtained images are re-reviewed for accuracy and dictated into the final operative report. The results are then discussed with the patient and family as well as the referring physician. We feel that this additional post-service work above and beyond the base codes justifies 4 minutes of post-service time.

Comparison with Key Reference Service

The key reference code chosen by the majority of the survey respondents (57%) was 92978 (*Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary*

procedure). This key reference is similar to 37252 in the sense that they are both intravascular ultrasound codes. The only difference is that 92978 describes IVUS in the coronary circulation and 37252 describes IVUS in the non-coronary circulation. CPT code 92978 is a ZZZ code that includes supervision and interpretation as does our new code, 37252. They have similar total times and identical RVW.

	RVW	IWPUT	Total Time	Pre	Intra	Post
37252	1.80	0.088	29	1	20	1
92978	1.80	0.072	25		25	

This comparison thus favorably supports our recommendation for the 25th percentile survey value of 1.80 for CPT 37252.

Comparison to MPC codes

Comparison with MPC Code, CPT 64480 – RVW 1.20

64480 *(Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure))* is a ZZZ global MPC service with similar times and intensity to 37252. Both 64480 and 37252 are add-on procedures with similar intensities. 37252 has more intra-service time than 64480 supporting our recommendation for the 25th percentile survey value of 1.80.

Comparison with MPC Code, CPT 99292 – RVW 2.25

99292 *(Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service))* is a ZZZ global MPC service with similar intra-service time and intensity to 37252. 99292 has more time and a higher RVW supporting our recommendation for the 25th percentile survey value of 1.80.

	RVW	IWPUT	Total Time	Pre	Intra	Post
64480 MPC	1.20	0.080	15		15	
37252 Survey	1.80	0.084	29	5	20	4
99292 MPC	2.25	0.075	30		30	

Conclusion

A multi-disciplinary survey of CPT 37252 was performed with strong survey results and concordance between specialties. Our recommendation of the 25th percentile for this new bundled code represents a 28% reduction compared to how the service is currently reported with component coding. When comparing the survey results to the key reference service and two MPC codes, we believe that the 25th percentile survey work RVU of 1.80 is the correct relative value for CPT 37252.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This is an add-on code, and will be reported with various primary procedure(s).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37250 and 75945

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,468
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013 Medicare data per the RUC database.

Specialty vascular surgery Frequency 3642 Percentage 43.00 %

Specialty cardiology Frequency 2541 Percentage 30.00 %

Specialty interventional radiology Frequency 339 Percentage 4.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 37250

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37253 Tracking Number G2 Original Specialty Recommended RVU: **1.44**
Presented Recommended RVU: **1.44**
Global Period: ZZZ RUC Recommended RVU: **1.44**

CPT Descriptor: Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old man undergoes lower extremity endovascular arterial revascularization. He has a complex lesion that requires intravascular ultrasound to facilitate treatment of a second vessel.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 86%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 78%

Description of Pre-Service Work: There is no additional pre-service work for an additional vessel.

Description of Intra-Service Work: The patient undergoes lower extremity angiography from a common femoral access for evaluation and treatment of peripheral arterial disease. (Reported separately) The Intravascular ultrasound (IVUS) catheter is introduced over a wire and the area of interest in the additional vessel is evaluated. The catheter is advanced. Images are taken. Color flow is assessed. Plaque morphology is evaluated. After all appropriate data are collected and recorded, the catheter is removed. The endovascular intervention is performed (reported separately) and the catheter re-inserted to assess technical adequacy. IVUS images reviewed and additional information to be dictated into the final operative report.

Description of Post-Service Work: Dictate and sign report. Call and discuss with referring phsyician. Discuss results with patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, David Han, MD, Gary Seabrook, MD, Richard Wright, MD, Thad Waites, MD, Clifford Kavinsky, MD, Jerry Niedzwiecki, MD, Michael Hall, MD and Timothy Swan, MD				
Specialty(s):	Vascular Surgery, Cardiology and Interventional Radiology				
CPT Code:	37253				
Sample Size:	4489	**Resp N:** 41	**Response:** 0.9 %		
Description of Sample:	SVS - All US MD membership/3989 ACC - 500 random US MD members				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	3.00	**6.00**	10.00	50.00
Survey RVW:	1.20	1.44	**2.00**	2.50	4.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	80.00
Immediate Post Service-Time:	**10.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37253	**Recommended Physician Work RVU: 1.44**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92979	ZZZ	1.44	**RUC Time**

CPT Descriptor Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37239	ZZZ	2.97	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,339

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	444

CPT Descriptor 2 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 22 **% of respondents:** 53.6 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 21.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 37253	Top Key Reference CPT Code: 92979	2nd Key Reference CPT Code: **37239**
Median Pre-Service Time	0.00	0.00	1.00
Median Intra-Service Time	20.00	25.00	30.00
Median Immediate Post-service Time	1.00	0.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**21.00**	**25.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.41	0.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.50	0.67
Urgency of medical decision making	-0.05	0.56
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.27	0.67
Physical effort required	0.32	0.33
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	-0.05	0.11

Outcome depends on the skill and judgment of physician	0.32	0.78
Estimated risk of malpractice suit with poor outcome	-0.05	-0.33

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.18	0.22

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

Code 37253 is new code bundling existing codes 37251 *Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)* and it's radiologic supervision and interpretation code 75946 *Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure).*

Methodology

A multi-disciplinary workgroup including ACC/SCAI, SVS, and SIR was convened. A survey was distributed randomly to the members of the representative societies. There were 41 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation

We are recommending the 25th percentile survey value of 1.44 RVW for 37253.

Pre- and Post-Service Time

CPT code 37253 is an add-code in the sense that it is never performed alone but is also done as an addition to another service. It therefore has a global assignment of ZZZ. Add-on codes do not typically have any pre-service or post-service time as they are additional to a base code. 372X2 is always an add-on code to 37252. Any pre-service time for consent, supplies, and setup is captured in the base code. Therefore we do not recommend any pre-service time for 37253.

As for post-service time, the previously obtained images are re-reviewed for accuracy and dictated into the final operative report. The results are then discussed with the patient and family as well as the referring physician. The post-service work of an additional vessel is identical to the post-service work of the initial vessel. The work is additive, not duplicative. We therefore feel that 4 minutes of post-service time is justified.

Comparison with Key Reference Service

The key reference code chosen by the majority of the survey respondents (54%) was 92979 *(Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for*

primary procedure)). This key reference is similar to 37253 in the sense that they are both intravascular ultrasound codes. The only difference is that 92979 describes an additional IVUS in the coronary circulation and 37253 describes an additional IVUS in the non-coronary circulation. CPT code 92979 is a ZZZ code that includes supervision and interpretation as does our new code, 37253. They have similar total times and identical RVW.

	RVW	IWPUT	Total Time	Pre	Intra	Post
37253	1.44	0.068	24		20	1
92979	1.44	0.058	25		25	

This comparison thus favorably supports our recommendation for the 25th percentile survey value of 1.44 for CPT 37253.

Comparison to MPC codes

Comparison with MPC Code, CPT 64480 – RVW 1.20

64480 *(Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure))* is a ZZZ global MPC service with similar times and intensity to 37253. Both 64480 and 37253 are add-on procedures with similar intensities. 37253 has more intra-service time than 64480 supporting our recommendation for the 25th percentile survey value of 1.44.

Comparison with MPC Code, CPT 99292 – RVW 2.25

99292 *(Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service))* is a ZZZ global MPC service with similar intra-service time and intensity to 37253. 99292 has more time supporting our recommendation for the 25th percentile survey value of 1.44.

	RVW	IWPUT	Total Time	Pre	Intra	Post
64480 MPC	1.20	0.080	15		15	
37253 Survey	1.44	0.068	24		20	4
99292 MPC	2.25	0.075	30		30	

Conclusion

A multi-disciplinary survey of CPT 37253 was performed with strong survey results and concordance between specialties. Our recommendation of the 25th percentile for this new bundled code represents a 28% reduction compared to how the service is currently reported with component coding. When comparing the survey results to the key reference service and two MPC codes, we believe that the 25th percentile survey work RVU of 1.44 is the correct relative value for CPT 37253.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This is an add-on code will be reported with 3725X1 and other various primary procedure(s).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37251 and 75946

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,976
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013 Medicare data per the RUC database.

Specialty vascular surgery Frequency 4326 Percentage 62.01 %

Specialty cardiology Frequency 1326 Percentage 19.00 %

Specialty interventional radiology Frequency 280 Percentage 4.01 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 37251

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Intravascular Ultrasound

TAB: 7

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
Ref#1	92978	Intravascular ultrasound (coronary vessel or gr	24	0.072			1.80			25						25			
Ref#2	37239	Transcatheter placement of an intravascular st	8	0.098			2.97			32	1					30			1
CURRENT	37250	Intravascular ultrasound (non-coronary vessel) during		0.091			2.10			23						23			
CURRENT	75945	Intravascular ultrasound (non-coronary vessel), radio		0.010			0.40			29	5					20			4
SVY	37252	Intravascular ultrasound (non-coronary vessel)	42	0.074	1.40	1.80	2.00	2.99	4.00	43	13			5	15	20	30	60	10
REC				0.088			1.80			22	1					20			1

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
Ref#1	92979	Intravascular ultrasound (coronary vessel or gr	22	0.058			1.44			25						25			
Ref#2	37239	Transcatheter placement of an intravascular st	9	0.098			2.97			32	1					30			1
CURRENT	37251	Intravascular ultrasound (non-coronary vessel) during		0.080			1.60			20						20			
CURRENT	75946	Intravascular ultrasound (non-coronary vessel), radio		0.020			0.40			20						20			
SVY	37253	Intravascular ultrasound (non-coronary vessel)	41	0.083	1.20	1.44	2.00	2.50	4.00	35	5			5	15	20	30	80	10

Tab #7
Tab Number

Tab 7 Intravascular Ultrasound
Issue

372X1 and 372X2
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Matthew Sideman, MD
Printed Signature

The Society for Vascular Surgery (SVS)
Specialty Society

January 5, 2015
Date

CPT Code: 37252 and 37253
Specialty Society('s): SVS, ACC/SCAI and SIR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Period: ZZZ **Meeting Date:** January 2015

CPT Long Descriptors:

37252 *Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, includes radiological supervision and interpretation, when performed; initial non-coronary vessel (List separately in addition to code for primary procedure)*

37253 *Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, includes radiological supervision and interpretation, when performed; each additional non-coronary vessel (List separately in addition to code for primary procedure)*

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The multispecialty organizations (SVS, ACC/SCAI and SIR) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these procedures.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Code 37252 is new code bundling existing codes 37250 *Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)* and it's radiologic supervision and interpretation code 75945 *Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel.*

Code 37253 is new code bundling existing codes 37251 *Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)* and it's radiologic supervision and interpretation code 75946 *Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure).*

The existing IVUS codes (37250, 37251, 76945 and 75946) are not currently priced in the office setting. As such we have included CPT Code 37239 *Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and*

interpretation and including angioplasty within the same vessel, when performed; each additional vein as a reference code on the spreadsheet. This is a recently RUC'ed add on code that follows our current vascular intervention algorithm.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
N/A

5. Please describe in detail the clinical activities of your staff:

CPT Code 37252

Pre-Service Clinical Labor Activities:
- Confirm that the necessary IVUS catheters and wires are available
- Ensure that the IVUS machine is functional and calibrated.

Intra-Service Clinical Labor Activities:
- Enter patient information manually via keyboard
- Open and plug in IVUS catheter
- Confirm automatic borders and perform measurements
- Acquisition and annotation of images
- Playback and review of intra-procedure IVUS images
- Assist physician in performing procedure
- Clean equipment
- Technologist QC's images in PACS, checking for all images
- Review examination with interpreting MD

Post-Service Clinical Labor Activities:

CPT Code 37253

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:
- Confirm automatic borders and perform measurements
- Acquisition and annotation of images
- Playback and review of intra-procedure IVUS images
- Technologist QC's additional images in PACS, checking for all images

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I
1	**Meeting Date:** January 2015			**REFERENCE CODE**					
2	**Tab:** 7 Intravascular Ultrasound **Specialty:** Vascular Surgery, Cardiology, Interventional Radiology			**37239**		**37252**		**37253**	
3	**more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			*Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein*		*Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, includes radiological supervision and interpretation, when performed;*			
4		**CMS Code**	**Staff Type**			*initial non-coronary vessel*		*each additional non-coronary*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7	**TOTAL CLINICAL LABOR TIME**			**96**	**0**	**62**	**0**	**61**	**0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**	**0**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**96**	**0**	**62**	**0**	**61**	**0**
10	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*8*		*6*		*5*	
11	*Angio Technician*	*L041A*	*AngioTech*	*58*		*36*		*36*	
12	*RN*	*L051A*	*RN*	*30*		*20*		*20*	
13	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**	**0**
14	**PRE-SERVICE**								
15	**Start: Following visit when decision for surgery or procedure made**								
16	Complete pre-service diagnostic & referral forms								
17	Coordinate pre-surgery services								
18	Schedule space and equipment in facility								
19	Provide pre-service education/obtain consent								
20	Follow-up phone calls & prescriptions								
21	Availability of prior images confirmed								
22	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist								
23	*Other Clinical Activity - *specify:*								
24	**End: When patient enters office/facility for surgery/procedure**								
25	**SERVICE PERIOD**								
26	**Start: When patient enters office/facility for surgery/procedure:**								
27	Greet patient, provide gowning, ensure appropriate medical records are available								
28	Obtain vital signs								
29	Provide pre-service education/obtain consent								
30	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	1		1		0	
31	Setup scope (non facility setting only)								
32	Prepare and position patient/ monitor patient/ set up IV								
33	Sedate/apply anesthesia								
34	*Other Clinical Activity - specify:								
35	**Intra-service**								
36	Acquire images (75%)	L041A	AngioTech	23		15		15	
37	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA	7		5		5	
38	Assist physician in performing procedure	L041A	AngioTech	30		20		20	
39	Assist physician with conscious sedation monitoring	L051A	RN	30		20		20	
40	**Post-Service**								
41	Monitor pt. following moderate sedation								
42	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
43	Clean room/equipment by physician staff								
44	Clean Scope								
45	Clean Surgical Instrument Package								
46	Complete diagnostic forms, lab & X-ray requisitions								
47	Review/read X-ray, lab, and pathology reports								
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page					2		1	
50	Review examination with interpreting MD					2		1	
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041A		5		1		1	
52	*Other Clinical Activity - *specify:*								
56	**End: Patient leaves office**								

	A	B	C	D	E	F	G	H	I
1	**Meeting Date:** January 2015			**REFERENCE CODE**					
2	**Tab:** 7 Intravascular Ultrasound **Specialty:** Vascular Surgery, Cardiology, Interventional Radiology			**37239**		**37252**		**37253**	
3	**more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			*Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein*		*Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, includes radiological supervision and interpretation, when performed;*			
4		**CMS Code**	**Staff Type**			*initial non-coronary vessel*		*each additional non-coronary*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
57	**POST-SERVICE Period**								
58	**Start: Patient leaves office/facility**								
59	Conduct phone calls/call in prescriptions								
67	*Other Clinical Activity - *specify:*								
68	**End: with last office visit before end of global period**								
69	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
70	pack, minimum multi-specialty visit	SA048	pack						
71	**IVUS Catheter (NEW)**	**NEW**				**1**			
72	**guidewire, low profile (SpartaCore)**	**SD173**				**1**			
73	IVUS Catheter Sterile Cover (NEW)	NEW	pack	1		0.1			
74	stent, vascular, deployment system, Cordis SMART	SA103		1					
75	film, x-ray 14in x 17in	SK034		1					
76	x-ray developer solution	SK089		6					
77	x-ray fixer solution	SK092		6					
78									
79	**EQUIPMENT**	**CODE**							
80	printer, laser, paper	ED032		5					
81	film alternator (motorized film viewbox)	ER029		5					
82	PACS Workstation Proxy	ED050				26		23	
83	room, angiography	EL011		31		21		20	
84	**IVUS System (NEW)**	**NEW**				21		20	
85									

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Pre-Time Analysis Screen

January 2015

Mediastinoscopy with Biopsy

In January 2014, the RUC identified CPT code 39400 through the Pre-Time Analysis screen: services reviewed prior to April 2008 with pre-time greater than pre-time package 4 Facility - Difficult Patient/Difficult Procedure (63 minutes) Medicare Utilization over 10,000. In April 2014, the RUC reviewed the action plan for this service and referred this issue to CPT for revision.

In October 2014, the CPT Editorial Panel deleted CPT code 39400 *Mediastinoscopy, includes biopsy(ies), when performed* and created two new codes to better describe the disparate procedures and patient populations that currently receive mediastinoscopy services.

39401 ***Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed***
The RUC reviewed the survey results for 77 thoracic surgeons and determined that the survey respondents overestimated the work RVUs. Therefore, the specialty societies recommended and the RUC agreed to crosswalk 39401 to MPC code 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU = 5.44 and 45 minutes intra-service time), which requires the same physician work and time. The RUC recommends 48 minutes pre-service time, 45 minutes intra-service time and 30 minutes immediate post-service time. Additionally, the RUC recommends a half-day discharge day management visit 99238, which is necessary because the patient must be assessed for hemodynamic and respiratory stability (absence of occult mediastinal bleeding, no pneumothorax on exam and chest x-ray) immediately prior to discharge. Also, the discharge includes extensive discussion of the potential diagnoses established by the procedure with the patient and family, which would include benign, infectious or malignancy as well as untreatable disorders.

For additional support the RUC referenced 36251 *Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral* (work RVU = 5.35 and 45 minutes intra-service time), which requires similar physician work and time to complete. **The RUC recommends a work RVU of 5.44 for CPT code 39401.**

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39402 ***Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)***
The specialty societies indicated that CPT code 39402 replaces deleted code 39400 (010-day global, work RVU = 8.05). The specialty societies indicated that it is typical that patients receiving this 000-day service will also receive a 99213 office visit. If a 99213 (work RVU = 0.97) is typically reported with 39402, the recommended work RVU would be 7.50 + 0.97 = 8.47, which is more than the current value of 39400 and how this service is currently reported. Therefore, the specialty society presented compelling evidence and the RUC agreed that this service has changed as well as the site of service. Incorrect assumptions were made in the previous valuation of 39400 because the vignette was misleading. The vignette described a patient whose procedure is aimed at a single diagnosis from a mass, rather than the extensive exploration and biopsy of all accessible mediastinal lymph nodes to stage lunch cancer. Mediastinoscopy performed with a diagnosis of lung cancer is a much more common situation. Additional compelling evidence was provided to indicate that the patient population has changed, becoming more difficult due to new emphasis on the value of complete staging for lung cancer and transition of the simpler patients to EBUS for mediastinal node sampling

The RUC reviewed the survey results from 77 thoracic surgeons and determined the 25th percentile work RVU of 7.50 for CPT code 39402 appropriately accounts for the work required to perform this service. The specialty societies noted and the RUC agreed that 39402 describes a much more extensive procedure with additional physician work, intensity and risk than was considered in the valuation of 39400. The RUC recommends 48 minutes pre-service, 60 minutes intra-service, 30 minutes immediate post-service time and a half-day discharge day management visit 99238. A half-day discharge day management visit is necessary because the patient must be assessed for hemodynamic and respiratory stability (absence of occult mediastinal bleeding, no pneumothorax on exam and chest x-ray) immediately prior to discharge. In addition, the discharge includes extensive discussion of the multiple potential diagnoses established by the procedure with the patient and family.

The RUC compared 39402 to MPC code 57288 *Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic* (adjusted to 000-day work RVU = 8.10) and 52353 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)* (work RVU = 7.50) and determined that all three services require similar physician work and 60 minutes intra-service time to perform. A work RVU of 7.50 for CPT code 39402 is appropriate relative to 39401, which requires 15 minutes less intra-service time and physician work. **The RUC recommends a work RVU of 7.50 for CPT code 39402.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with no modifications as submitted by the specialty society and approved by the Practice Expense Subcommittee. The RUC notes the following:

- The RUC standard for 000-day and 010-day codes is no pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that 30 minutes for facility-based procedures may apply to a select number of codes that require extensive use of clinical staff time. This procedure is currently performed in the facility. Although it is typically performed as an outpatient procedure where the patient is discharged on the same day, as a major operative undertaking, it

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requires all the standard office work for scheduling that is required for any operative procedure under general anesthesia, regardless of the length of the global period. Although the services are considered 000-day global procedures, clinical staff time and effort are required to assist with the planning, scheduling and coordination of the facility as well as the education, scheduling, coordination and follow-up with the patient. The specialty determined and the RUC agreed that CPT codes 39401 and 39402 require extensive use of clinical staff time, similar to key reference code 32608.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Mediastinum and Diaphragm** **Mediastinum** **Endoscopy** ~~*39400*~~ ~~*Mediastinoscopy, includes biopsy(ies) when performed*~~ (39400 has been deleted. To report mediastinoscopy with biopsy, see 39401, 39402)				
•39401	H1	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed	000	5.44
•39402	H2	with lymph node biopsy(ies) (eg, lung cancer staging)	000	7.50

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:39401 Tracking Number H1 Original Specialty Recommended RVU: **5.44**
Presented Recommended RVU: **5.44**
Global Period: 000 RUC Recommended RVU: **5.44**

CPT Descriptor: Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 45 y/o female presents with fever, night sweats, weight loss and dyspnea with large anterior and middle mediastinal masses. Percutaneous biopsies are non-diagnostic. Biopsy(ies) of the mediastinal mass is required for diagnosis

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 92% , Overnight stay-less than 24 hours 7% , Overnight stay-more than 24 hours 1%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 4%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 10%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: On the day of surgery, the patient is seen and examined to rule out concurrent illness and any contraindication to surgery. Medical records are reviewed, including X rays identifying the location of the mediastinal mass and adjacent structures. The patient and family are counseled and operative consent is obtained. Preoperative orders are written. Operative site marking is performed. The surgeon dresses, performs the surgical briefing with all OR personnel, and then waits for the institution of appropriate monitoring, vascular access, and induction of general anesthesia. The surgeon then places the patient's neck in the appropriate position, and preps the patient, after which the surgeon scrubs, gowns, and drapes the patient. The patient is prepped and draped for a cervical mediastinal incision as well as a possible sternotomy or anterolateral thoracotomy incision in the event of mediastinal hemorrhage. The surgeon then assures that: 1) all equipment necessary for mediastinoscopy or video mediastinoscopy (mediastinoscope, fiber optic light cord, video camera, cautery cord, etc.) is placed on the field, assembled, and fixed to the drapes; 2) equipment necessary in case of hemorrhage is immediately available (sternal saw, sternal retractor, rib retractor, vascular instruments, etc.) 3) the ends of the camera, light, and cautery cords are passed off in sterile fashion to the circulating nurse for attachment of light and video and cautery equipment; 4) the equipment is activated and the settings adjusted appropriately (focus, light settings, cautery settings). The pre-incision surgical pause is completed.

Description of Intra-Service Work: The suprasternal site for cervical mediastinoscopy is identified and anesthetized with local anesthetic. A transverse cervical incision is made and, using a combination of sharp, cautery, and blunt dissection, the subcutaneous tissues and platysma are divided. The strap muscles of the neck are separated along their midline. The pretracheal plane is identified and sharply dissected free down into the middle mediastinum. Digital palpation is used to identify the innominate artery and possibly the mass within the mediastinum. The mediastinoscope or video mediastinoscope is inserted. Initial visual exploration is performed. Abnormalities are noted. A needle aspiration of

identified abnormalities is performed in order to be certain they are not vascular structures. The primary mass is biopsied multiple times using cup forceps. Hemostasis is carefully achieved with electrocautery. Frozen section analysis is performed to assess the adequacy of the biopsies for the purposes of achieving a diagnosis. Further biopsies may be required prior to completion of the procedure after consultation with the pathologist. Any other areas of abnormality are also biopsied. If appropriate, sterile portions of the biopsied mass are prepared and sent for appropriate microbiologic testing. Hemostasis is again checked for and secured with electrocautery and/or hemoclips. Before wound closure, a surgical pause is conducted while an instrument, needle, and sponge count is completed and confirmed by the surgeon. The strap muscles of the neck are approximated with absorbable suture. The platysma and subcutaneous tissues are approximated with absorbable suture and the skin is approximated with a subcuticular stitch.

Description of Post-Service Work: Sterile dressings are applied and patient stability ensured. The operative note is dictated and postoperative orders and prescriptions are written. On the operative day, the procedure's outcome is discussed with the family, nurses, the patient, and other physicians. Postoperative lab values and X rays from the operative day are reviewed. Most commonly, the patient is discharged later that day after a discharge visit is completed and follow-up instructions are given.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Francis Nichols, MD, Stephen Lahey, MD				
Specialty(s):	The Society of Thoracic Surgeons				
CPT Code:	39401				
Sample Size:	1200	**Resp N:** 77	**Response:** 6.4 %		
Description of Sample:	Random sample				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**10.00**	20.00	70.00
Survey RVW:	3.90	7.00	**8.00**	9.50	20.00
Pre-Service Evaluation Time:			**55.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	2.00	30.00	**45.00**	60.00	90.00
Immediate Post Service-Time:	**30.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	39401	**Recommended Physician Work RVU: 5.44**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**3.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**30.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93455	000	5.54	**RUC Time**

CPT Descriptor Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32608	000	6.84	**RUC Time**

CPT Descriptor Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	32,153

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,892

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
32651	000	5.35	**RUC Time**

CPT Descriptor Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 32.4 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 14.2 **%**

TIME ESTIMATES (Median)	**CPT Code:** 39401	**Top Key Reference CPT Code:** 93455	**2nd Key Reference CPT Code:** **32608**
Median Pre-Service Time	48.00	53.00	65.00
Median Intra-Service Time	45.00	40.00	60.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	40.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**142.00**	**123.00**	**195.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES *(of those that selected Key Reference codes)*	**Top Key Ref Code**	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.08	1.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.04	1.14
Urgency of medical decision making	0.32	0.62
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.30	1.10
Physical effort required	0.12	0.52
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.90	1.10
Outcome depends on the skill and judgment of physician	0.76	1.05

Estimated risk of malpractice suit with poor outcome	0.96	0.81

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.40	1.10

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Revised Rationale Based on Reviewer and Staff Comments

At the September 2013 RUC meeting, the RAW identified code 39400 – Mediastinoscopy, includes biopsy(ies) when performed, as a potentially misvalued code through a Pre-Time Analysis - Codes prior to April 2008, Medicare Utilization over 10,000 and pre-time > package 4 screen. In reviewing the code's history, it became apparent that there are two distinct procedural variations although the code was valued using a vignette for only one of them. That vignette, "A 60 year old patient presents with fever, night sweats and weight loss. Chest CT scan demonstrates matted paratracheal adenopathy" indicates that a limited diagnostic biopsy is required. The second procedural variation is the use of mediastinoscopy for definitive lung cancer staging, which involves extensive dissection with multiple biopsies at many TMN described stations.

Accordingly, STS developed two new CPT codes to replace 39400:

39401 Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed 39402 Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging).

These codes were assigned a 000 global period, instead of the current 010 global 39400. Additionally, the site of service for these procedures has changed from inpatient to outpatient.

Mediastinoscopy is a high risk procedure, as it requires dissection from a cervical incision into the mediastinum, where no natural operating space or plane exists. The approach requires lifting the innominate and pulmonary arteries off of the trachea to safely expose the mediastinum and its contents. The major risk of mediastinoscopy is injury to the great vessels, particularly the innominate artery. Despite the low incidence of this and other vascular complications, which can be fatal and certainly require an emergency operation needing massive institutional support, the procedure is not permitted in almost all ASC's (0.25% in Medicare Utilization data).

39401 was surveyed for the vignette "45 y/o female presents with fever, night sweats, weight loss and dyspnea with large anterior and middle mediastinal masses. Percutaneous biopsies are not diagnostic. Biopsy(ies) of the mediastinal mass is required for diagnosis" with 77 responses. The survey intraservice time of 45 minutes is unchanged, consistent with the

39400 time and the similarity of the vignettes used. Pre-service Package 3 (Straightforward Patient/Difficult Procedure) was selected with the addition of 2 minutes to position the patient for possible emergency left anterior thoracotomy or median sternotomy in addition to inserting a roll to support the back and allow neck extension. These times were all supported by the survey. Post-service package 9A General Anesthesia or Complex Regional Block/ Straightforward Procedure was selected as supported by the survey.

As to code value, both the median survey RVW (8.00) and 25th percentile RVW (7.00) were felt to be too high, especially in relationship to the proposed value for 39402 (7.50), a higher intensity procedure with 15 additional minutes of surveyed intraservice time.

Accordingly, we are recommending a direct crosswalk to MPC code 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* with **RVW 5.44** for an identical intraservice time of 45 minutes. This is also a 000 global RUC surveyed and valued in 2011 with Medicare utilization of 32,153 in 2013 and total time of 94 minutes which is less that the total time of 142 minutes for 39401. The recommended value of 5.44 is less than the 25th percentile survey value of 7.00, but preserves an appropriate relationship to 39402. The recommendation is also supported by comparison to CPT code 36251 *Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation; unilateral.* This 000 global code was RUC valued, also in 2011, with RVW of 5.35 also for 45 minutes of intraservice time and again with slightly less total time (116 minutes vs 142 minutes for 39401).

This value is also supported by a reverse building block methodology, utilizing the existing times and values of 39400 that were utilized in the 2005 5-year review using a building block method, STS database intraservice time and an independent survey of intraservice intensity. The following table demonstrates the method using the same intraservice work as in the 39400 as the survey intraservice time has not changed. In the absence of a method of surveying intensity that is acceptable to CMS and the RUC this should not be construed to establish the true intensity and complexity of 39401:

Source	Value	Current	Rec Time Visits	Changes	Value Changes
CPT		**39400**	**39401**		**39401**
EVAL	**0.0224**	**35**	**33**	**-2**	**-0.045**
POSIT	**0.0224**	**15**	**5**	**-10**	**-0.224**
SDW	**0.0080**	**20**	**10**	**-10**	**-0.080**
POST	**0.0224**	**25**	**30**	**5**	**0.112**
99231	**0.76**	**1**		**-1**	**-0.76**
99238	**1.28**	**1**	**.5**	**-.5**	**-0.64**
99213	**0.97**	**1**		**-1**	**-0.97**
Reduction					**-2.61**
RVW		**8.05**			**5.44**
IWPUT		**0.071**			**0.071**

Total Time		**221**			**142**

This method results in an identical RVW to our crosswalk recommendation of MPC CPT Code 52235 of 5.44 RVW with the same intraservice time also supported by the current survey.

Although the STS National Database was utilized in the 2005 valuation of 39400, mediastinoscopy was re-categorized as a minor procedure in 2011 and therefore reporting was not mandatory. Because of this, the number of reported cases is less than 10 per year and do not meet the established RUC criteria for extant database use.

Although we believe that this procedure is now more intense and complex than when valued in 2005, due to significant change in the patient population, we are proposing an RVW decrease for 39401. We will present compelling evidence for an increase in value for 39402 although the evidence also applies to 39401. Budget neutrality for 39401 and 39402 will be discussed with the rationale for the 39402 recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 39400

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiothoracic Surgery How often? Commonly

Specialty General Surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2708
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The STS estimates that 10,832 mediastinoscopies are performed nationally based on extrapolation of the 2013 RUC database frequency of 8907. Of this total number of mediastinoscopies, it is estimated that 25% of the procedures performed will be using 3940X1 and 75% of the procedures will be performed using 3940X2.

Specialty Cardiothoracic Surgery Frequency 2438 Percentage 90.02 %

Specialty General Surgery Frequency 271 Percentage 10.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,227
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Using the RUC database data for 39400, it is estimated that 25% of the current volume will now be reported with the new code 3940X1

Specialty Cardiothoracic Surgery Frequency 1982 Percentage 90.01 %

Specialty General Surgery Frequency 245 Percentage 9.98 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33924

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:39402 Tracking Number H2 Original Specialty Recommended RVU: **7.50**
Presented Recommended RVU: **7.50**
Global Period: 000 RUC Recommended RVU: **7.50**

CPT Descriptor: Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 60-year-old male former heavy smoker and COPD with biopsy proven adenocarcinoma right lung. There are PET avid mediastinal lymph nodes. Endoscopic bronchoscopic ultrasound (EBUS) guided biopsies are negative for metastatic disease. Further staging of patient's lung cancer is necessary to formulate an appropriate treatment plan.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 95% , Overnight stay-less than 24 hours 4% , Overnight stay-more than 24 hours 1%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 4%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 10%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: On the day of surgery, the patient is seen and examined to rule out concurrent illness and any contraindication to surgery. Medical records are reviewed, including x- rays identifying the location of the mediastinal mass and adjacent structures. The patient and family are counseled and operative consent is obtained. Preoperative orders are written. Operative site marking is performed. The surgeon dresses, performs the surgical briefing with all OR personnel, and then waits for the institution of appropriate monitoring, vascular access, and induction of general anesthesia. The surgeon then places the patient’s neck in the appropriate position, and preps the patient, after which the surgeon scrubs, gowns, and drapes the patient. The patient is prepped and draped for a cervical mediastinal incision as well as a possible sternotomy or anterolateral thoracotomy incision in the event of mediastinal hemorrhage. The surgeon then assures that: 1) all equipment necessary for mediastinoscopy or video mediastinoscopy (mediastinoscope, fiber optic light cord, video camera, cautery cord, etc.) is placed on the field, assembled, and fixed to the drapes; 2) equipment necessary in case of hemorrhage is immediately available (sternal saw, sternal retractor, rib retractor, vascular instruments, etc.) 3) the ends of the camera, light, and cautery cords are passed off in sterile fashion to the circulating nurse for attachment of light and video and cautery equipment; 4) the equipment is activated and the settings adjusted appropriately (focus, light settings, cautery settings). The pre-incision surgical pause is completed.

Description of Intra-Service Work: The suprasternal site for cervical mediastinoscopy is identified and anesthetized with local anesthetic. A transverse cervical incision is made and, using a combination of sharp, cautery, and blunt dissection, the subcutaneous tissues and platysma are divided. The strap muscles of the neck are separated along their midline. The pretracheal plane is identified and sharply dissected free down into the middle mediastinum. Digital palpation is used to identify the innominate artery and any palpable lymph nodes within the mediastinum. The mediastinoscope or video

mediastinoscope is inserted. Initial visual exploration is performed. Abnormalities are noted. Mediastinal lymph nodes are identified, a needle inserted and aspirated in order to be certain this isn't a vascular structure. The lymph nodes are dissected free of surrounding structures and biopsied in a systematic manner according to the American Joint Committee on Cancer's regional lymph node classification system. Frozen section and/or permanent histopathologic evaluation is undertaken. Any other areas of abnormality are also biopsied. If appropriate, sterile portions of the biopsied nodule are prepared and sent for appropriate microbiologic testing. As necessary, hemostasis is secured with electrocautery and/or hemoclips. Prior to wound closure, a surgical pause is conducted while an instrument, needle, and sponge count is completed and confirmed by the surgeon. The incision is assessed for hemostasis. The strap muscles of the neck are approximated with absorbable suture. The platysma and subcutaneous tissues are approximated with absorbable suture and the skin is approximated with a subcuticular stitch.

Description of Post-Service Work: Sterile dressings are applied and patient stability ensured. The operative note is dictated and postoperative orders and prescriptions written. On the operative day, the procedure's outcome is discussed with the family, nurses, the patient, and other physicians. Postoperative lab values and X- rays from the operative day are reviewed. The patient is most commonly discharged later that day after a discharge visit and follow-up instructions are given.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Francis Nichols, MD, Stephen Lahey, MD		
Specialty(s):	The Society of Thoracic Surgons		
CPT Code:	39402		
Sample Size:	1200	**Resp N:** 77	**Response:** 6.4 %
Description of Sample:	Random sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	30.00	120.00
Survey RVW:	3.90	7.50	**9.00**	10.00	21.51
Pre-Service Evaluation Time:			**55.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	2.00	45.00	**60.00**	60.00	120.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	39402	**Recommended Physician Work RVU: 7.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**3.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**30.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32608	000	6.84	**RUC Time**

CPT Descriptor Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93455	000	5.54	**RUC Time**

CPT Descriptor Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57288*	000	8.10	**RUC Time**	30,126

CPT Descriptor 1 Sling operation for stress incontinence (eg, fascia or synthetic)

*RVW adjusted for 000 day global

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	48,928

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
31600	000	7.17	**RUC Time**

CPT Descriptor Tracheostomy, planned (separate procedure);

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 27.2 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 24.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 39402	Top Key Reference CPT Code: 32608	2nd Key Reference CPT Code: **93455**
Median Pre-Service Time	48.00	65.00	53.00
Median Intra-Service Time	60.00	60.00	40.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	40.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**157.00**	**195.00**	**123.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.52	0.11
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.48	0.42
Urgency of medical decision making	0.33	0.11
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.30	0.50
Physical effort required	0.71	0.16
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.30	0.70
Outcome depends on the skill and judgment of physician	1.62	0.84

Estimated risk of malpractice suit with poor outcome	1.10	0.89

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.30	0.60

Additional Rationale and Comments

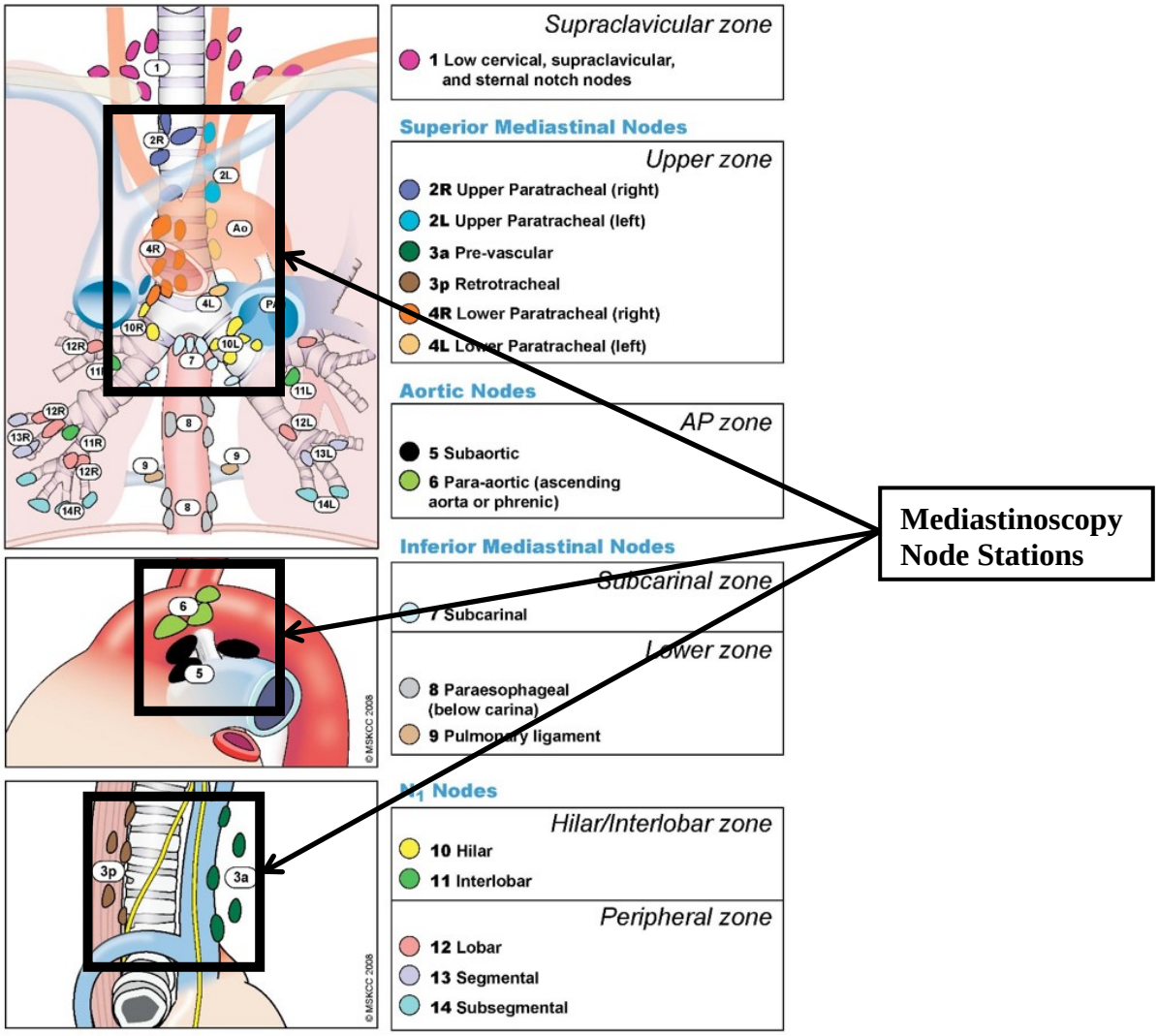
Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Revised Rationale Based on Reviewer and Staff Comments

39402 Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging) is a new CPT code that is one of two CPT codes that replace 39400 Mediastinoscopy, includes biopsy(ies), when performed. We are recommending an RVW value of 7.50 (25th percentile survey), which although less than the code value of 39400 (8.05) would result in an increase in Medicare payment if a 99213 visit that was included in the 39400 10-day global is billed (7.50 + 0.97 = 8.47 RVW) for all 39402 patients. We do not believe that a postoperative E&M visit will occur for all 39402 patients. However, we begin with compelling evidence to permit valuation without an assumption of budget neutrality.

The first element of compelling evidence is evidence that incorrect assumptions were made in the previous valuation of the service, as documented: a misleading vignette was used in the previous evaluation. The vignette employed was “A 60 year old patient presents with fever, night sweats and weight loss. Chest CT scan demonstrates matted paratracheal adenopathy.” This describes a patient whose procedure is aimed at a single diagnosis from a mass, rather than the extensive exploration and biopsy of all accessible mediastinal lymph nodes to stage lung cancer. Mediastinoscopy performed with a diagnosis of lung cancer is a much more common situation.

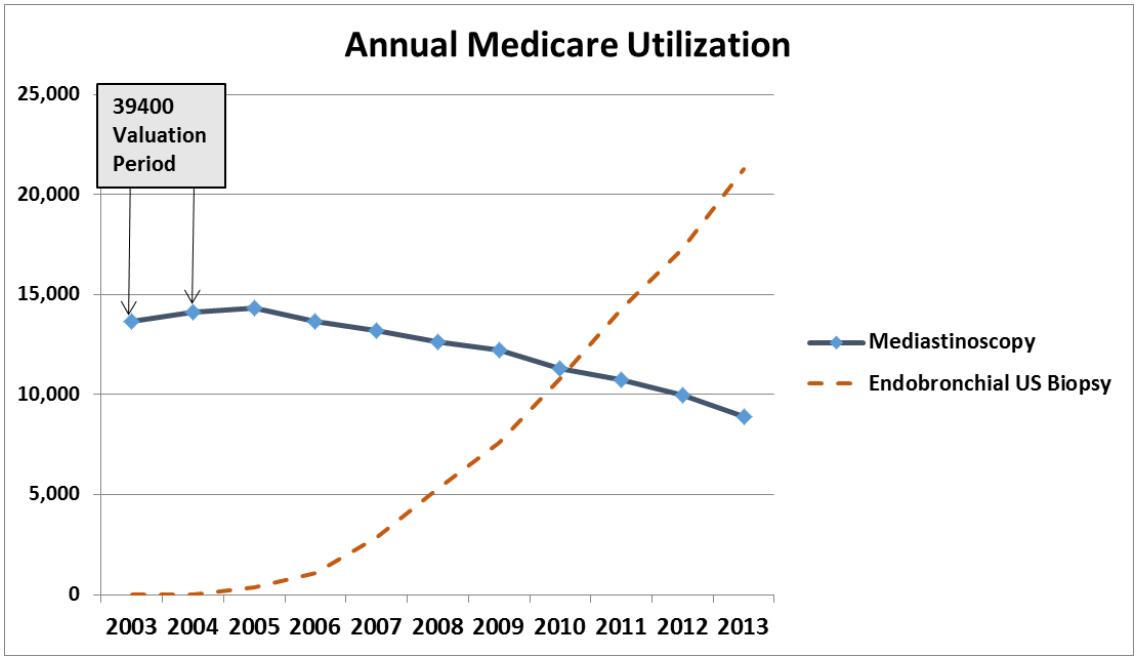
39402 describes a high intensity, technically challenging, high-risk procedure where it is expected that multiple lymph nodes in multiple American Joint Committee on Cancer (AJCC) defined locations be biopsied. These separate anatomic locations within the mediastinum are often intimately involved or adherent to critical vascular structures. The tissue plane of approach to these separate lymph node stations must be developed by dissection under endoscopic visualization, as the operation is not performed in a natural space such as the pleural or pericardial space. Additionally, the anatomy is frequently distorted by disease or by prior percutaneous or EBUS directed biopsies that were not diagnostic. Finally, specific lymph nodes abnormal on PET scans must be found and adequately biopsied this is in addition to sampling lymph nodes from each of the AJCC defined stations necessary for appropriate patient staging. The following diagram shows the nodal stations that are approached in mediastinoscopy, and their normal relationships to the airway and great vessels.



Thus, 39402 describes a much more extensive procedure with additional physician work, work intensity and procedural risk than was considered in the valuation of 39400.

The second element of compelling evidence is a change in patient population related to technology has changed physician work (i.e., diffusion of technology).

The number of mediastinoscopies performed has steadily decreased every year since 2005. The decrease is primarily attributable to the development of Endoscopic Bronchoscopic Ultrasound (EBUS) and Endoscopic Ultrasound (EUS) which were introduced in 2005 and permit pathologic biopsy(ies) of the mediastinum. The following chart demonstrates this evolution, which began in the year after 39400 was valued:



The American College of Chest Physicians (2007) recommended that endoscopic needle-based techniques such as EBUS-FNA be the first choice for staging of the mediastinum in patients with lung cancer. National Comprehensive Cancer Network (NCCN) guidelines state that the least invasive mediastinal lymph node biopsy technique with the highest yield is the preferred first diagnostic study in the staging of lung cancer. NCCN recommended biopsy options listed include: CT guided biopsy, EBUS, EUS, mediastinoscopy, and mediastinotomy. Invasive mediastinal staging should be the initial step before the planned resection for most patients with Stage I-III non-small cell lung cancer. STS believes that the increased use of PET scanning along with increased emphasis on invasive mediastinal staging helps explain part of the dramatic increase in EBUS volumes. In turn, the increase in EBUS-FNA for lung cancer staging has contributed to the declining number of mediastinoscopies performed.

Thus, thoracic surgeons are now being asked to perform mediastinoscopy on patients where less invasive procedures have been inconclusive, where the lymph nodes of interest are inaccessible by other means, and in some cases not just biopsying lymph nodes from the defined AJCC stations but locating and biopsying specific small PET avid nodules or lymph nodes within the mediastinum that are crucial in the decision making for a patient's cancer care. All of those factors, including new emphasis on the importance of completeness of node station sampling, have made 39402 more complex and of longer duration.

39402 Work Value

A total of 77 surveys were completed. The median survey RVW value was 9.00 for 60 minutes of intraservice time. This represents an increase in intraservice time of 15 minutes compared to 39401 and consistent with the additional number and anatomic extent of biopsy performed during 39402. We are recommending the 25th percentile value of 7.50 RVW with 60 minutes of intraservice time resulting in an IWPUT of 0.088.

Pre-service Package 3 (Straightforward Patient/Difficult Procedure) was selected with the addition of 2 minutes to position the patient for possible emergency left anterior thoracotomy or median sternotomy in addition to inserting a roll to support the back and allow neck extension. These times were all supported by the survey. Post-service package 9A General Anesthesia or Complex Regional Block/ Straightforward Procedure was selected as supported by the survey.

The time and visit inputs are the same as for 39401 except for the intraservice time which is 15 minutes longer. All are supported by the survey.

This RVW recommendation is supported by MPC CPT codes 57288 Sling operation for stress incontinence (eg, fascia or synthetic) with a 000 Global RVW of 8.10 for an intraservice time of 60 minutes and 52353 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included) with an RVW of 7.50 for an intraservice time of 60 minutes.

This recommendation is also very well supported by CPT code 31600 “Tracheostomy planned” which is valued at 7.17 RVW for only 40 minutes of intraservice work compared to 60 minutes for 394X2. The performance of tracheostomy is similar to 39402 in terms of incision and initial dissection of the trachea. Instead of then simply making a tracheal incision and inserting the tracheostomy tube (done), in 39402, one would proceed with the additional work of exposing, palpating, and visualizing middle mediastinal structures such as the innominate artery, pulmonary artery, and parietal pleura and then the actual biopsies of the various mediastinal lymph node stations for a total of 60 minutes. This additional work clearly would result in a value greater than the proposed 7.50 RVW and thus supports the recommendation.

Finally, the recommended value is supported in relation to 39401 by reference to CPT code 32674 *Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure).* This is a ZZZ code valued by the RUC in 2011 with RVW 4.12 for 30 minutes of intraservice work. This work is almost identical to the work of 39402, requiring endoscopic operation to a similar extent and on the same target lymph nodes in the same anatomic location. If anything, 39402 is more difficult due to the more limited endoscopic exposure compared to the wide visualization afforded by the lung collapse and open pleural space created for thoracoscopy. If one then considers 39402 (45 minutes of intraservice time) to be similar to 39401 (30 minutes of intraservice time) plus 15 minutes of 32674 level physician work, the following building block RVW results:

CPT Code	CPT Descriptor	Intraservice Time	IWPUT	RVW
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal / mass (eg, lymphoma), when performed	45	0.071	5.44
32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy ZZZ	30	0.137	4.12
1/2 32674		15	0.137	2.06
39401 + 1/2 32674		60	0.088	7.50

39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	60	0.088	7.50

This results in the same RVW as the 25th percentile of the survey, and our recommendation.

Budget Neutrality

The determination of budget neutrality is problematic due to revaluation in the setting of conversion from a 010 global to a 000 global period. As will be the case for the possible conversion of all 010 and 090 global periods, it is not possible to determine the exact existing value of the intraservice work and the 000 components of the parent code because that value is embedded in code values that now contain typical visit patterns both in and out of hospital. As well, the budgetary impact will also depend on the performance rate of these visits.

If we assume that the performance rate for 39401 and 39402 will be 100% for the current single 99213 visit now contained within 39400, and that 25% of future cases will be 39401 and 75% 39402, we provide the following calculation:

	RVW	99213	Total RVW	Weight	Weighted RVW
39400 Current	8.05	Included in Global	8.05	1.00	8.05
39401	5.44	0.97	6.41	0.25	1.60
39402	7.50	0.97	8.47	0.75	6.35
				X1+X2	7.96
				Compare to 39400	-1.2%

Thus, the current proposal is budget saving by 1.2%.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 39400

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiothoracic Surgery How often? Commonly

Specialty General Surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 8124
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The STS estimates that 10,832 mediastinoscopies are performed nationally based on extrapolation of the 2013 RUC database frequency of 8907. Of this total number of mediastinoscopies, it is estimated that 25% of the procedures performed will be using 3940X1 and 75% of the procedures will be performed using 3940X2.

Specialty Cardiothoracic Surgery Frequency 7312 Percentage 90.00 %

Specialty Geneal Surgery Frequency 812 Percentage 9.99 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6680
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Using the RUC database data for 39400, it is estimated that 75% of the current volume will now be reported with the new code 3940X1

Specialty Cardiothoracic Surgery Frequency 5945 Percentage 89.99 %

Specialty General Surgery Frequency 735 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 32606

____8_____
Tab Number

___Mediastinoscopy with Biopsy__
Issue

__39401 – 39402___
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Stephen J. Lahey, MD
Printed Signature

The Society of Thoracic Surgeons
Specialty Society

1/6/2015
Date

SS Rec Summary

ISSUE: Mediastinoscopy with Biopsy

TAB: 8

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
16	REF	93455	Catheter placement in coronary arte	25	0.094			5.54			123	45	3	5			40			30																				
17	CURRENT	39400	Mediastinoscopy; with lymph node b		0.071			8.05			221	35	15	20			45			25					1	1.0								1						
18	SVY	39401	Mediastinoscopy; includes biopsy(ie	77	0.129	3.90	7.00	8.00	9.50	20.00	150	55	10	10	2	30	45	60	90	30																				
19	SVY + pre pkg 3 post pkg 9A	39401	Mediastinoscopy; includes biopsy(ie	77	0.142	3.90	7.00	8.00	9.50	20.00	126	33	3	15	2	30	45	60	90	30																				
20	REC crosswalk to 52235	39401	Mediastinoscopy; includes biopsy(ie	77	0.071			5.44			142	33	5	10			45			30						0.5														
21																																								
22																																								
23						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
24	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
25	REF	32608	Thoracoscopy; with diagnostic biops	21	0.060			6.84			195	30	15	20			60			30				1																
26	CURRENT	39400	Mediastinoscopy; with lymph node biopsy(ies) (eg		0.071			8.05			221	35	15	20			45			25					1	1.0								1						

CPT Code: 39401, 39402
Specialty Society(‘s)__The Society of Thoracic Surgeons__

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

39401 – Mediastinoscopy; includes biopsy(ies) of mediastinal / mass (eg, lymphoma), when performed
39402 – Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)

Global Period: 000 Meeting Date: January 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

An Expert Panel of cardiothoracic surgeons was used to develop the Practice Expense recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Two codes are provided as reference codes on the spreadsheet. 32608 is the recommended Reference Code, and 39400 is the current code. The reason both codes were included is because of the change in the global period from a 010 day global period for 39400 to a 000 global period for the two new codes. The specialty feels that the recently reviewed code 32608 that also has a 000 day global period is a more appropriate reference code. The office work and related expenses for the two new 000 day global codes are identical to that required for the procedure indicated by 32608.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

The specialty is recommending the pre-service global time associated with Extensive Use of Clinical Staff in the facility setting for these two 000 day global codes.

This procedure is currently performed in the facility. Although it is typically performed as an outpatient procedure as the patient is discharged the same day, as a major operative undertaking it requires all the standard office work for scheduling that is required for any operative procedure under general anesthesia regardless of the length of the global period. And even though this is considered a 000 day global procedure, clinical staff time and effort are required to assist with the planning, scheduling and coordination of the facility as well as the education, scheduling, coordination and follow-up with the patient.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The clinical staff type that is approved for all cardiothoracic surgery procedures is an RN.

The clinical staff completes the required battery of pre-service diagnostic and referral forms. They call the hospital to find time for and schedule the procedure in the operating room, identify the needed mediastinoscopy equipment and schedule general anesthesia. This requires coordinating anesthesia and the operating room. The clinical staff educates both the patient and family on what they need to do to prepare for, undergo and recover from surgery. The clinical staff will follow-up with pathology and the patient to ensure scheduling of post-operative visits and assist with prescription management.

Description of Clinical Activities – 000 and 010	Facility – Extensive use of clinical staff
Complete pre-service diagnostic & referral forms	5
Coordinate pre-surgery services	10
Schedule space and equipment in facility	5
Provide pre-service education/obtain consent	7
Follow-up phone calls & prescriptions	3
Other Clinical Activity	0
Total	30

Intra-Service Clinical Labor Activities:

The clinical staff coordinates the discharge of the patient from the hospital facility as they would after any major operative procedure. This includes post-operative monitoring if required, post-operative prescriptions, and assistance with all patient follow-up or discharge instructions. In addition, the clinical staff will coordinate follow-up services and appointments with the referring physician, thoracic surgeon and when necessary an infectious disease or pulmonary specialist, hematologist, medical oncologist and or radiation oncologist.

Post-Service Clinical Labor Activities: NA

	A	B	C	D	E	F	G
1				REFERENCE CODE	CURRENT CODE		
2	**Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**32608**	**39400**	**39401**	**39402**
3	**Meeting Date: January 2015** **Tab: 8** **Specialty: The Society of Thoracic Surgeons**	**CMS Code**	**Staff Type**	Thoracoscopy, diagnostic; with biopsy(ies) of lung nodule(s) or mass(es) (eg, incisional),	Mediastinoscopy, includes biopsy(ies), when performed	Mediastinoscopy; includes biopsy(ies) of mediastinal / mass (eg, lymphoma), when performed	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)
4	**LOCATION**			**Facility**	**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**000**	**010**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**30.0**	**108.0**	**36.0**	**36.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L051A**	**RN**	**30.0**	**60.0**	**30.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**12.0**	**6.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**36.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L051A**	**RN**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	**L051A**	**RN**	**10**	**20**	**10**	**10**
14	Schedule space and equipment in facility	**L051A**	**RN**	**5**	**8**	**5**	**5**
15	Provide pre-service education/obtain consent	**L051A**	**RN**	**7**	**20**	**7**	**7**
16	Follow-up phone calls & prescriptions	**L051A**	**RN**	**3**	**7**	**3**	**3**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
32	**Post-Service**						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					**6**	**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)				**12**		
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36		**1**		
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**36.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**1**		
60	pack, post-op incision care (staple)	SA052			**1**		
65	**EQUIPMENT**	**CODE**					
66	table, eaxm	EF023			**36**		
67	light, exam	EQ168			**36**		

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported 75% or More screen

January 2015

Genitourinary Catheter Procedures

In October 2012, the Joint CPT/RUC Workgroup on Codes Reported Together identified the following code pairs as billed together 75% or more of the time: 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984. At the October 2014 CPT meeting, the specialties submitted a Code Change Proposal to bundle codes per the workgroup's request, and also refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements.

Prior to valuing these services, the specialty societies noted that for two of these new services, 50430 and 50431, there is compelling evidence that the current component codes used to report these services are potentially misvalued. The specialties brought forth the following compelling evidence arguments:

Change in technique and technology

- Virtually all the medical devices currently used in the genitourinary catheter procedures have been developed since the current codes were adopted. Advances in understanding of anatomy and avoidance of complications (especially genitourinary sepsis) have led to the development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of nephrostomy catheters over a wire and use of real-time ultrasound guidance for needle access.

Change in patient population

- The population of patients treated with the genitourinary catheter procedures currently described by the family of codes being replaced by the new family of codes has changed considerably. Previously virtually all genitourinary catheter procedures were used for basic relief of urinary obstruction either acutely or chronically, but as a result of major advances in urologic surgery, patients with malignancies, stone disease and other problems are now being managed with innovative reconstructive techniques including the regular need for and use of catheter based procedures, including urinary drainage.

After hearing these arguments, the RUC agreed that there is compelling evidence that the current work values for 50430 and 50431 are potentially misvalued.

50430 Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access
The RUC reviewed the survey results for 45 interventional radiologists and recommends the following physician time components: pre-service time of 36 minutes, intra-service time of 35 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50430, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 3.15 is appropriate. To justify a work RVU of 3.15, the RUC compared the surveyed code to the top two key reference services chosen: CPT code 32557 *Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance* (work RVU= 3.12, intra time= 30 minutes) and CPT code 49405 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous* (work RVU= 4.25, intra time= 40 minutes). The RUC noted that both services provide comparable physician work and the recommended work value of 3.15 appropriately places 50430 in rank order betweeen these two reference services. **The RUC recommends a work RVU of 3.15 for CPT code 50430.**

50431 Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access
The RUC reviewed the survey results for 45 interventional radiologists and recommends the following physician time components: pre-service time of 25 minutes, intra-service time of 15 minutes and post-service time of 15 minutes.

To determine an appropriate work value for 50431, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 1.42 is appropriate. To justify a work RVU of 1.42, the RUC compared the surveyed code to the second highest chosen key reference code 49083 *Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance* (work RVU= 2.00) and noted that the reference code has slightly more total time than 50431, 60 minutes compared to 55 minutes, and is valued appropriately higher. The RUC also reviewed reference code 64445 *Injection, anesthetic agent; sciatic nerve, single* (work RVU= 1.48, intra time= 15 minutes) and MPC code 52000 *Cystourethroscopy (separate procedure)* (work RVU= 2.23, intra time= 15 minutes) and noted that both services provide comparable physician work and the recommended work value of 1.42 appropriately places 50431 relative to these two reference services. **The RUC recommends a work RVU of 1.42 for CPT code 50431.**

50432 Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
The RUC reviewed the survey results for 45 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 48 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50432, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 4.70 is appropriate. To justify a work RVU of 4.70, the RUC compared the surveyed code to the top two key reference services chosen: CPT code 49407 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal* (work RVU= 4.50, intra time= 45 minutes) and CPT code 49405 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous* (work RVU= 4.25, intra time= 40 minutes). The RUC agreed that considering the similarities in physician work and time, these two reference services are appropriately valued analogous to 50432.

Finally, the RUC noted that physician work involved in 50432 is the work involved in 50430 plus the work of re-accessing a system in a peripheral calyx. Therefore, the physician is accessing the system twice in 50432 and justifies a work RVU 1.55 difference greater than 50430. **The RUC recommends a work RVU of 4.70 for CPT code 50432.**

50433 Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access
The RUC reviewed the survey results for 46 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 60 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50433, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that neither the 25th percentile (work RVU= 5.00) nor the median work RVU (work RVU= 6.20) accurately values 50433. To determine a more accurate value, the RUC reviewed CPT code 52351 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic* (work RVU= 5.75) and noted that both codes have similar physician work and nearly identical total time. Given these similarities, the RUC recommends a work RVU of 5.75, which is a direct crosswalk to CPT code 52351. To justify this value, the RUC compared 50433 to CPT code 52342 *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation,*

laser, electrocautery, and incision) (work RVU= 5.85, intra time= 60 minutes) and noted that since both codes have identical intra-service time and comparable physician work, the recommended value is appropriately valued analogous to this reference code.

Finally, the RUC noted that the work involved in 50433 contains the physician work of 50432 plus the additional work of transversing the ureter and placing the catheter into the bladder and having it then travel externally to the patient. The RUC agreed that the additional incremental work of 1.05 above the recommended value of 4.70 for CPT code 50432 is accurate. **The RUC recommends a work RVU of 5.75 for CPT code 50433.**

50434 Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract
The RUC reviewed the survey results for 45 interventional radiologists and recommends the following physician time components: pre-service time of 36 minutes, intra-service time of 45 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50434, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 4.20 is appropriate. To justify a work RVU of 4.20, the RUC compared the surveyed code to MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80) and noted that since this reference code has 5 fewer minutes than the surveyed code, 40 minutes compared to 45 minutes, 50434 is appropriately valued higher. In addition, the RUC reviewed CPT code 49407 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal* (work RVU= 4.50) and agreed that with identical intra-service time, these two codes should be valued similarly.

Finally, the RUC noted that the work involved in 50434 contains the physician work of 50431 plus the additional work of traversing the ureter with a new catheter analogous to 50433, where this new catheter extends from the bladder, through the ureter, is coiled in the kidney, and extends external to the patient. The RUC agreed that the additional work increment between this procedure and the injection procedure is accurate. **The RUC recommends a work RVU of 4.20 for CPT code 50434.**

50435 Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
The RUC reviewed the survey results for 44 interventional radiologists and recommends the following physician time components: pre-service time of 20 minutes, intra-service time of 20 minutes and post-service time of 15 minutes.

To determine an appropriate work value for 50435, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 2.00 is appropriate. To justify a work RVU of 2.00, the RUC compared the surveyed code to the key reference code 49452 *Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report* (work RVU= 2.86, total time= 60 minutes) and noted that the reference code has slightly more total time compared to the surveyed code and is appropriately valued higher. The RUC also reviewed CPT code 47000 *Biopsy of liver, needle; percutaneous* (work RVU= 1.90, intra time= 20 minutes) and agreed that this reference code should be valued similarly to 50435. **The RUC recommends a work RVU of 2.00 for CPT code 50435.**

50693 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract
The RUC reviewed the survey results for 33 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 45 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50693, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey median work RVU of 4.60 is appropriate. To justify a work RVU of 4.60, the RUC compared the surveyed code to CPT code 49407 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal* (work RVU= 4.50) and noted that both services have identical intra-service time, 45 minutes, and should therefore be valued similarly. The RUC also reviewed CPT code 50385 *Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation* (work RVU= 4.44, intra time= 45 minutes) and agreed that this reference code also provides an accurate anchor point to the recommended value.

Finally, the RUC noted that 50693 is analogous to the physician work involved in 50434. However, the placement of the ureteral catheter does not have external connections to the skin surface. Therefore, during deployment of the stent, there is significant risk of stent migration and malposition . This adds additional intensity compared to 50434 and the recommended value appropriately values the surveyed code above this reference code. **The RUC recommends a work RVU of 4.60 for CPT code 50693.**

50694 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter

The RUC reviewed the survey results for 33 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 62 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50694, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 6.00 is appropriate. To justify a work RVU of 6.00, the RUC compared the surveyed code to the second highest chosen key reference code 36247 *Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family* (work RVU= 6.29) and agreed that since both services have comparable physician work and nearly identical intra-service time, 60 minutes compared to 62 minutes, both should be valued similarly. The RUC also reviewed CPT code 52342 *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)* (work RVU= 5.85, intra time= 60 minutes) and agreed that both this reference code and 50694 should be valued similarly.

Finally, the RUC noted that 50694 is analogous to the physician work involved in 50693 except that there is not a pre-existing nephrostomy tract. Therefore, the additional work increment of placing the ureteral stent in a new access is accurately valued at 1.40 work RVUs. **The RUC recommends a work RVU of 6.00 for CPT code 50694.**

50695 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter

The RUC reviewed the survey results for 33 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 75 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50695, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey median work RVU of 7.55 is appropriate. To justify a work RVU of 7.55, the RUC compared the surveyed code to the key reference code 36247 *Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family* (work RVU= 6.29) and noted that the surveyed code has more intra-service time compared to the reference code, 60 minutes compared to 75 minutes, and is therefore appropriately valued higher. The RUC also reviewed CPT code 20982 *Ablation therapy for reduction or eradication of 1 or more bone tumors (eg,*

metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency (work RVU= 7.27, intra time= 80 minutes) and agreed that this reference code is accurately valued similar to the surveyed code.

Finally, the RUC noted that the work involved in 50695 contains the physician work of 50694 plus the additional work of placing a nephrostomy tube. The RUC agreed that the additional work increment involved in the tube placement is accurately valued at 1.55 work RVUs. **The RUC recommends a work RVU of 7.55 for CPT code 50695.**

CPT Referral:
The RUC had significant concerns regarding the global period used for the following CPT codes: 50606, 50705 and 50706. The specialties noted that this code is almost always billed with another code. Since it was designated by CPT as -51 modifier exempt, the RUC was concerned that the pre- and post-service work would be duplicative. The specialties suggested that the surveyees had assumed that the code was a stand-alone code, and therefore assigned it pre- and post-work. The specialty societies agreed with the RUC that these three codes should be referred to the CPT Editorial Panel. Following referral, new surveys can be conducted, this time as add-on procedures, with new recommendations presented at the April 2015 meeting. **The RUC recommends CPT codes 50606, 50705 and 50706 be referred to the February 2015 CPT Editorial Panel. Note: The CPT Editorial Panel converted these codes to add-on codes at the February 2015 RUC Meeting.**

In addition, prior to the meeting, the specialties indicated that CPT code 50395 *Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous*, which was identified as part of the family, will be referred to the CPT Editorial Panel to clear up any confusion with overlap in physician work with 50432. **The RUC recommends CPT code 50395 be referred to the CPT Editorial Panel.**

Not Part of Family:
The specialties noted that two CPT codes identified as part of the family, 50391 and 50396, are current stand-alone procedure that do not describe introduction/exchange/removal of catheters within the renal pelvis and should not be considered part of the family of codes under this tab. The RUC agreed that these two codes were not part of the current family under review.

New Technology:
The RUC recommends that this family of codes be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Practice Expense:

The RUC reviewed and approved the direct practice expense inputs with the following modifications as approved by the Practice Expense Subcommittee:

- The clinical staff time for availability of prior images confirmed, was changed from 3 to 2 minutes for nonfacility setting to meet baseline standards for digital imaging (line 22).
- The clinical staff time for patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist, was changed from 0 to 2 minutes for nonfacility setting to meet baseline standards for digital imaging (line 23).
- The clinical staff time for obtain vital signs, was changed from 2 to 5 minutes for a standard level 2 (4-6 vitals) (line 29).
- The specialty had recommended 60 minutes (15 minutes of RN time per hour of monitoring) representing 4 hours of monitoring the patient after moderate sedation, however the PE Subcommittee determined that 15 minutes representing 1 hour of monitoring the patient after moderate sedation (line 43) was appropriate and moved the remaining 45 minutes of monitoring time to the appropriate line for monitoring the patient after procedure, not related to moderate sedation (line 44). The clinical staff type for monitoring the patient after procedure, not related to moderate sedation was changed from RN/LPN/MTA L037D to an RN L051A because that is the staff available in the office for these types of procedures (line 44).
- The clinical staff time for review examination with interpreting MD, was changed from 0 to 2 minutes for nonfacility setting to meet baseline standards for digital imaging (line 53).
- The clinical staff time for exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue, was changed from 0 to 1 minute for nonfacility setting to meet baseline standards for digital imaging (line 54).
- The PE Subcommittee had a robust discussion about use of the angiography room for these services. Unfortunately, in error, the equipment list for the angiography room has not been included in the PE reference materials for a number of years. AMA staff tracked down a list from 2003 and the equipment appears to remain unrevised since that time. The specialty advisors reviewed the equipment list in detail and verified that the angiography room, and not a subset of mobile equipment, is needed for these services.
- The equipment minute calculations were updated to include the appropriate line items for PACS Workstation Proxy (ED050) (line 140).

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Urinary System
Kidney
Introduction
Other Introduction Injection/Change/Removal Procedures

Percutaneous genitourinary procedures are performed with imaging guidance (eg, fluoroscopy and/or ultrasound). Diagnostic nephrostogram and/or ureterogram are typically performed with percutaneous genitourinary procedures and are included in 50432, 50433, 50435, 50434, 50693, 50694, and 50695.

Codes 50430 and 50431 are diagnostic procedure codes that include the work of injection(s) of contrast material, all associated radiological supervision and interpretation, and procedural imaging guidance (eg, ultrasound and/or fluoroscopy). Code 50430 also includes the work of accessing the collecting system associated and/or associated ureter with a needle and/or catheter. Codes 50430 or 50431 may not be reported together with 50432, 50433, 50435, 50434, 50693, 50694, 50695.

Codes 50432, 50433, 50435, 50434 are therapeutic procedures describing the work of catheter placement or exchange, and include the elements of access, drainage catheter manipulations and imaging guidance (eg ultrasonography and/or fluoroscopy) as well as diagnostic imaging supervision and interpretation, when performed.

Code 50433 describes the work of percutaneous nephrostomy with the additional work of accessing the ureter/bladder to ultimately place a nephroureteral catheter (a single transnephric catheter with nephrostomy and ureteral components that allows drainage internally, externally, or both).

50390 *Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous*

(For radiological supervision and interpretation, see 74425, 74470, 76942, 77002, 77012, 77021)

~~(For evaluation of fine needle aspirate, see 88172, 88173)~~

(For antegrade nephrostogram and/or antegrade pyelogram use 50430, 50431)

(For radiological supervision and interpretation, ~~see~~use74425~~,74475,74480~~)

Kidney
Endoscopy

For supplies and materials, use 99070)

50551 *Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

50553 *with ureteral catheterization, with or without dilation of ureter*

(For image-guided[1] dilation of ureter without endoscopic guidance, see 50706)

50555 *with biopsy*

(For image-guided biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

50562 *with resection of tumor*

50570 *Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

50572 *with ureteral catheterization, with or without dilation of ureter*

(For image-guided[1] dilation of ureter without endoscopic guidance, see 50706)

50574 *with biopsy*

(For image-guided[1] biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

Ureter
Incision/Biopsy

Code 50606 is a an add-on code describing endoluminal biopsy (eg, brush) using non-endoscopic imaging guidance, and may be reported once per ureter per day. This code includes the work of the biopsy and the imaging guidance and radiological supervision and interpretation required to accomplish the biopsy. The biopsy may be performed through de novo transrenal access, an existing renal/ureteral access, transurethral access, an ileal conduit, or ureterostomy. The work to gain access may be separately reported. Diagnostic pyelography/ureterography is not included in the work of 50606 and may be separately reported. Other interventions or catheter placements performed at the same setting as the biopsy may be separately reported.

Ureter
Introduction
Other Introduction/Change/Removal Procedures

Codes 50693, 50694, 50695 are therapeutic procedure codes describing percutaneous placement of ureteral stents. These codes include the work of access, drainage, catheter manipulations, diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasonography and/or fluoroscopy), and all associated radiological supervision and interpretation. When a separate ureteral stent and a nephrostomy catheter are placed into a ureter and its associated renal pelvis during the same session through a new percutaneous renal access use 50695 to report the procedure.

50684 *Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter*

(For radiological supervision and interpretation, use 74425)

(Do not report 50684 in conjunction with 50433, 50434, 50693-95)

50686 *Manometric studies through ureterostomy or indwelling ureteral catheter*

50688 *Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit*

(If imaging guidance is performed, use 75984)

50690 *Injection procedure for visualization of ileal conduit and/ or ureteropyelography, exclusive of radiologic service*

(For radiological supervision and interpretation, use 74425)

Surgery
Urinary System
Ureter
Repair

Codes 50705, 50706 describe embolization or dilation of the ureter using non-endoscopic imaging guidance and each may be reported once per ureter per day. These codes include the work of catheter manipulations, contrast material injection(s) inherent to the intervention, imaging guidance (eg, fluoroscopy) and all associated radiologic supervision and interpretation. Access, and other therapeutic intervention(s) necessary for the introduction of needles, guide wires, and catheters into the kidney, renal pelvis, or ureter may be separately reported. Code 50705, 50706 are a add-on codes describing embolization and dilation of the ureter using non-endoscopic imaging guidance, and each may be reported once per ureter per day. These codes include the work of the embolization or dilation plus the imaging guidance and radiological supervision and interpretation required to accomplish the embolization or

dilation. These procedures may be performed through de novo transrenal access, an existing renal/ureteral access, transurethral access, an ileal conduit, or ureterostomy. The work to gain access may be separately reported. Diagnostic pyelography/ureterography is not included in the work of 50705 and 50706 and may be separately reported. Other interventions or catheter placements performed at the same setting as the embolization/dilation may be separately reported.

50951 *Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

50953 *with ureteral catheterization, with or without dilation of ureter*

(For image-guided[1] dilation of ureter without endoscopic guidance, see 50706)

50955 *with biopsy*

(For image-guided[1] biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

50961 *with removal of foreign body or calculus*

~~*(When procedures 50970-59080 provide a significant identifiable service, they may be added to 50600)*~~

50970 *Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

50972 *with ureteral catheterization, with or without dilation of ureter*

(For image-guided[1] dilation of ureter without endoscopic guidance, see 50706)

50974 *with biopsy*

(For image-guided[1] biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

~~*50980* *with removal of foreign body or calculus*~~

Endoscopy—Cystoscopy, urethroscopy, cystourethroscopy

52005 *Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

52007 *with brush biopsy of ureter and/or renal pelvis*

(For image-guided[1] biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

52341	*Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)*			
52343	*with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)*			
	(Do not report 52341, 52342, 52343 in conjunction with 52000, 52351)			
	(For image-guided[1] dilation of ureter, ureteropelvic junction stricture without endoscopic guidance, see 50706)			
52344	*Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)*			
52346	*with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)*			
	(For image-guided[1] dilation of ureter, ureteropelvic junction stricture without endoscopic guidance, see 50706)			
52354	*with biopsy and/or fulguration of ureteral or renal pelvic lesion*			
	(For image-guided[1] biopsy of ureter and/or renal pelvic without endoscopic guidance, see 50606)			
▲50387		Removal and replacement of externally accessible ~~transnephric ureteral stent~~nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	000	2.00 (No Change)
50391(f)	I1	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenicor antifungal agent)	000	Not Part of Family
~~D50392~~		~~Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous~~ ~~(For radiological supervision and interpretation, see 74475, 76942, 77013)~~ (50392 has been deleted. To report nephrostomy tube placement, see 50432)	~~000~~	N/A

~~D50394~~		~~Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter~~ ~~(For radiological supervision and interpretation, see 74425)~~ (50394 has been deleted. To report injection procedures for antegrade nephrostogram or antegrade pyelogram, see 50430, 50431)	~~000~~	N/A
50395(f)	I2	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	000	Refer to CPT Editorial Panel
50396(f)	I3	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter.	000	Not Part of Family
~~D50398~~		~~Change of nephrostomy or pyelostomy tube~~ ~~(For radiological supervision and interpretation, use 75894)~~ (50398 has been deleted. To report exchange of a percutaneous nephrostomy catheter, use 50435)	~~000~~	N/A
⊙●50430	I4	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	000	3.15

⦿●50431	I5	existing access (Do not report 50430, 50431 in conjunction with 50432, 50433, 50435, 50434, 50606, 50684, 50693, 50694, 50695, 50705, 50706, 74425)	000	1.42
⦿●50432	I6	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (Do not report 50432 in conjunction with 50395, 50430, 50431, 50433, 50694, 50695, 50705, 50706, 74425)	000	4.70
⦿●50433	I7	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (Do not report 50433 in conjunction with 50430, 50431, 50432, 50693, 50694, 50695, 74425 for the same renal collecting system and/or associated ureter) (Do not report 50433 in conjunction with 50395 for dilation of the nephrouteral catheter tract) (For nephroureteral catheter removal and replacement, use 50387)	000	5.75
⦿●50434	I8	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg,	000	4.20

		ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract (Do not report 50435 in conjunction with 50430, 50431, 50693, 74425)		
⦿●50435	I9	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (Do not report 50435 in conjunction with 50430, 50431, 50434, 50693, 74425 for the same for the same renal collecting system and/or associated ureter) (For removal of nephrostomy catheter requiring fluoroscopic guidance, use 50389)	000	2.00
⦿✚●50606	I10	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List in addition to primary procedure) (Use 50606 in conjunction with 50382-50389, 50430-50435, 50434, 50684,50688, 50690, 50693-50695, 51610)	ZZZ	Refer to CPT Editorial Panel to Convert to Add-on Codes – Survey for April 2015
⦿●50693	I11	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and	000	4.60

		interpretation; via a pre-existing nephrostomy tract		
⊙●50694	I12	new access, without separate nephrostomy catheter	000	6.00
⊙●50695	I13	new access, with separate nephrostomy catheter (Do not report 50693, 50694, 50695 in conjunction with 50430, 50431, 50432, 50433, 50434, 50435, 50684, 74425 for the same collecting system and/or associated ureter[3])	000	7.55
⊙✚●50705	I14	Ureteral embolization or occlusion, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List in addition to primary procedure)	ZZZ	Refer to CPT Editorial Panel to Convert to Add-on Codes – Survey for April 2015

⊙✚●50706	I15	Balloon catheter dilation, ureteral stricture, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List in addition to primary procedure) (For percutaneous nephrostomy, nephroureteral catheter, and/or ureteral catheter placement use 50432, 50433, 50435, 50434, 50693, 50694, 50695) (Use 50705-50706 in conjunction with 50382-50389, 50430-50435, 50434,50684, 50688, 50690, 50693-50695, 51610) (Do not report 50706 in conjunction with 50553, 50572, 50953, 50972, 52341, 52344,52345, 74485)	ZZZ	Refer to CPT Editorial Panel to Convert to Add-on Codes – Survey for April 2015
74425	I16	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation	XXX	Survey for April 2015
~~D74475~~		~~Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation~~ (Codes 74475 and 74480 have been deleted. To report, see 50432, 50433, 50435, 50434, 50606, 50693, 50694, 50695)	~~XXX~~	N/A

~~74480~~		~~Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation~~ ~~For transurethral surgery [ureter and pelvis], see 52320-52356)~~ (Codes 74475 and 74480 have been deleted. To report, see 50432, 50433, 50435, 50434, 50606, 50693, 50694, 50695)	~~XXX~~	N/A

January 5, 2015

Barbara Levy, MD
RUC Chair
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Re: Tab 9 Genitourinary Catheter Procedures

Dear Dr. Levy:

Attached are the RUC recommendations for Tab 9 Genitourinary Catheter Procedures. They include recommendations for 5039X1-4, 5039X13, 5039X5, 506XX6, 507XX11, 507XX12, 5069X7, 5069X8 and 5069X9.

CPT Code 50391 *Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)* is an existing stand-alone therapeutic code utilized for the administration of therapeutic agents (i.e. chemotherapeutic drugs) into the renal pelvis through an existing nephrostomy tube. This code does not describe introduction/exchange/removal of catheters within the renal pelvis and should not be considered part of the family of codes under current consideration.

CPT Code 50396 *Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter* is an existing stand-alone diagnostic code utilized for measuring urinary tract flow rates through an existing nephrostomy tube. This code does not describe introduction/exchange/removal of catheters within the renal pelvis and should not be considered part of the family of codes under consideration.

The specialty societies are going to recommend CPT Code 50395 be referred to CPT to revise the nomenclature. There is concern about perceived confusion with the overlap in the X3 and 50395 descriptors.

We look forward to presenting our recommendations later this month in San Diego. If you have any questions, please don't hesitate to contact me at jerryn@tampabay.com.

Regards,

Gerald Niedzwiecki, MD
SIR RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50430 Tracking Number I4 Original Specialty Recommended RVU: **3.15**
Presented Recommended RVU: **3.15**
Global Period: 000 RUC Recommended RVU: **3.15**

CPT Descriptor: Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old male presents with a left urinary tract obstruction secondary to a ureteral tumor. Previous imaging studies have not defined if the obstruction is partial or complete. A diagnostic nephrostogram and ureterogram are requested to determine the degree of obstruction

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 98%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 95%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed prone on the angiographic table. Moderate conscious sedation is administered.

Description of Intra-Service Work: Ultrasound is used to identify a potential tract to the left renal pelvis through the mid portion of the left kidney. The left flank is prepared and draped in sterile fashion and local anesthetic is given. A small skin incision is made. A 21-gauge needle is inserted into the left renal pelvis through a calyceal approach. The needle placement is confirmed by injection of a tiny amount of contrast material under fluoroscopic guidance. A diagnostic nephrostogram and ureterogram are acquired after injection of iodinated contrast material using digital spot film acquisition in multiple projections. The needle is removed, manual compression is held until hemostasis is achieved.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. The procedure is documented in the permanent record. Diagnostic nephrostogram and ureterogram results, and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Tim Swan, MD, Zeke Silva, MD and Kurt Schoppe, MD				
Specialty(s):	Interventional Radiology				
CPT Code:	50430				
Sample Size:	1750	**Resp N:** 45	**Response:** 2.5 %		
Description of Sample:	SIR - 1000 random US, MD members ACR - 750 random, US , MD members				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	3.00	**10.00**	25.00	80.00
Survey RVW:	1.84	3.15	**4.00**	4.75	8.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	10.00	30.00	**35.00**	50.00	60.00
Immediate Post Service-Time:	**20.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	50430	**Recommended Physician Work RVU: 3.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32557	000	3.12	**RUC Time**

CPT Descriptor Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49405	000	4.25	**RUC Time**

CPT Descriptor Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.82	**RUC Time**	166,775

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	0.00	**RUC Time**	37,262

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 20.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 15.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 50430	Top Key Reference CPT Code: 32557	2nd Key Reference CPT Code: **49405**
Median Pre-Service Time	36.00	22.00	45.00
Median Intra-Service Time	35.00	30.00	40.00
Median Immediate Post-service Time	20.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**91.00**	**67.00**	**105.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES *(of those that selected Key Reference codes)*	**Top Key Ref Code**	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.56	0.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.22	0.33
Urgency of medical decision making	0.22	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.67	0.83
Physical effort required	0.33	0.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.44	0.00
Outcome depends on the skill and judgment of physician	0.44	0.17
Estimated risk of malpractice suit with poor outcome	0.22	0.33

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.67	0.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The Joint CPT-RUC Workgroup identified codes 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 as codes reported together (Group 7). The specialties bundled codes per the workgroup's request, and refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements. The CPT Editorial Panel deleted six CPT codes and created twelve codes to describe genitourinary catheter procedures and bundle inherent imaging services.

Compelling Evidence

SIR/ACR believe that the current values for CPT codes used for the percutaneous, image guided genitourinary procedures newly described in Tab 9 are no longer rational or appropriate for the granular and more descriptive codes in this new group of codes. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology

The codes currently used for this family of genitourinary procedures do not accurately reflect the techniques now used for image-guided, catheter-based genitourinary interventions. As an index example of these significant changes in technique, one of the most widely used of the current codes, 50392 "Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous" describes the placement of a nephrostomy tube. This procedure was previously performed most commonly with a blind technique using anatomic landmarks or less commonly by marking the skin with ultrasound and using the "trocar" method in which the collecting system was first densely opacified by puncture with a needle, after which the nephrostomy was placed by directly sticking the collecting system with one-piece sharpened stylet/cannula/catheter set. Guidewires were infrequently used.

Virtually all the medical devices currently used in GU catheter procedures have been developed since the current codes were adopted. Advances in understanding of GU anatomy and avoidance of complications (especially genitourinary sepsis) have led to the development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of nephrostomy catheters over a wire and use of real-time ultrasound guidance for needle access. The collecting system is never distended to avoid septic complications. Additionally modern imaging guidance is used to more accurately avoid direct puncture of the renal pelvis, which can lead to urine leak and laceration of renal hilar vessels.

We would note that the example of 50392 is reflective of the majority of the existing codes for GU catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values not appropriate for these new codes.

In another example, we can look at existing code 50393 Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection. Current methods utilize double-J internal stents designed specifically for placement via percutaneous methods. These stents were not available when the existing codes were proposed or adopted.

Some codes, for example, 507XX11 Ureteral embolization or occlusion and 506XX6 Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic describe procedures which did not exist previously and thus are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the GU catheter procedures currently described by the family of codes being replaced by the new family of codes has changed considerably. Previously virtually all GU catheter procedures were used for basic relief of urinary obstruction either acutely or chronically, but as a result of major advances in urologic surgery, patients with

malignancies, stone disease and other problems are now being managed with innovative reconstructive techniques including the regular need for and use of catheter based procedures, including urinary drainage.

Examples of the significant change in the patient populations served by these procedures would be: 1) Percutaneous stone removal and extraction (percutanous nephrolithotomy) 2) Management of complex operative urinary diversion procedures such as ileal conduit diversion, Indiana pouch reservoirs and neobladder to urethra diversions. 3) Management of ureteral injuries and urinary leaks

An example of the change in patient populations can be seen in the management of stone disease. Previously, patients with urolithiasis were referred for nephrostomy and/or ureteral stent placement only if the collecting system was obstructed and dilated. Currently, one of the primary indications for access in patients with nephrolithiasis is the presence of staghorn calculi which produces nondilated collecting systems with complex occlusive inflammatory stone burden which resist guidewire passage and require far more skill and time to achieve satisfactory access for subsequent nephrolithotomy in the OR.

In the case of complex operative urinary diversion procedures, interventionalists are much more frequently involved in draining non-obstructed decompressed collecting systems and in intervening on ureteral strictures and urinary leaks.

New GU Family

There are 12 new codes to describe genitourinary catheter procedures. These codes naturally fell into 3 subcategories (1) introduction injection/change/removal (X1, X2, X3, X4, X13 and X5), (2) ureter biospy/embolization/dilation (X6, X11, X12) and (3) ureteral stent (X7, X8 and X9). The codes were surveyed together as a family, to ensure appropriate relativity amongst all 12 codes. Below is an overview of the 12 new GU codes and how they relate to each other, the components included, etc.

	Via needle	Via existing cath
Nephrostogram	x1	x2
Neph tube placement	x3*	x5*
Nephroureteral tube placement	x4*	x13*
Ureteral stent- w/o neph tube	x8*	x7*
Ureteral stent- w/neph tube	x9*	x7*
** Includes nephrostogram if performed*		

Pre/Post Time

Below is a summary of the pre/post time packages selected for this family of codes. We adjusted the times down accordingly when the survey data were lower than the standard package.

PreTime Package 1A
We selected pre time package 1A straightforward patient/straightforward procedure w/o sedation for X5 *Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation.*

PreTime Package 2A
We selected pre time package 2A difficult patient/straightforward procedure w/o sedation for X2 *Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access.*

PreTime Package 2B
We selected pre time package 2b difficult patient/straightforward procedure with sedation for the remaining introduction/injection/change/removal procedures (X1, X3, X4, X13). We also selected pre time package 2b difficult patient/straightforward procedure with sedation for the ureteral stent procedures (X7, X8, X9).

PreTime Package 4
The consensus panel believes the ureter biopsy/embolization/dilation codes (X6, X11, X12) codes represent difficult patients and difficult procedures (pre-time package 4). However, this group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) so no Scrub/Dress/Wait or positioning time is recommended for these procedures. Also, because these

procedures are performed with moderate sedation (not general anesthesia) we recommended pre service evaluation time equal to that of the 2B pre time package.

Post Time Package 7A
We selected post time package 7A Local anesthesia/straightforward procedures for X2 and X5.

Post Time Package 8A
We selected post time package 8A IV Sedation/ Straightforward Procedure for all the GU straightforward procedures with moderate sedation (X1, X3, X4, X13, X7, X8 and X9). Changed to be consisted with pre time above.

Post Time Package 8B
We selected post time package 8B IV Sedation/ Complex Procedure for the ureter biopsy/embolization/dilation codes (X6, X11, X12). This group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) however there would still be post time specific to these codes (i.e. operative note, monitor/stabilize, communicate with patient/family, written post-operative note and post-operative orders/order entry).

Relativity

The consensus panel reviewed the recommendations to the reference service codes selected throughout the 12 surveyed codes and the MPCs. The panel believes the recommendations maintain relativity within (1) the new family of GU codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
MPC	12013	1.22	27	5	1	1	15	5	0.064
Reference	49450	1.36	50	20	5	5	10	10	0.054
Surveyed	X2	1.42	55	18	1	6	15	15	0.041
Reference	49451	1.84	55	20	5	5	15	10	0.068
Reference	49083	2.00	60	15	5	5	25	10	0.052
MPC	52000	2.23	42	10	2	5	15	10	0.113
Surveyed	X5	2.00	55	13	1	6	20	15	0.079
MPC	52332	2.82	56	15	1	5	25	10	0.088
Reference	49452	2.86	60	20	5	5	20	10	0.102
Reference	32557	3.12	67	13	3	6	30	15	0.079
Surveyed	X1	3.15	91	30	1	5	35	20	0.056
MPC	31628	3.8	90	10	10	10	40	20	0.071
Reference	32550	4.17	90	15	15	10	30	20	0.099
Surveyed	X13	4.20	101	30	1	5	45	20	0.067
Reference	49405	4.25	105	35	5	5	40	20	0.072
Reference	49407	4.50	110	35	5	5	45	20	0.069
Surveyed	X7	4.60	104	33	1	5	45	20	0.074
Surveyed	X3	4.70	107	33	1	5	48	20	0.072
MPC	37191	4.71	83	30	3	5	30	15	0.120
Reference	37191	4.71	83	30	3	5	30	15	0.120
Reference	37213	5.00	99	33	3	5	33	25	0.109
Surveyed	X4	5.75	119	33	1	5	60	20	0.075
Reference	36223	6.00	123	40	3	5	45	30	0.096
Reference	36247	6.29	131	33	3	5	60	30	0.080
Surveyed	X8	6.30	121	33	1	5	62	20	0.081
MPC	52352	6.75	118	33	5	15	45	20	0.118
MPC	52353	7.5	133	33	5	15	60	20	0.101
Surveyed	X9	7.55	134	33	1	5	75	20	0.084
Reference	36253	7.55	131	33	3	5	60	30	0.101

Reference	37211	8.00	138	40	3	5	60	30	0.105
Reference	37241	9.00	147	19	3	5	90	30	0.087

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
introduction injection/change/ removal	X1	3.15	91	30	1	5	35	20	0.056
	X2	1.42	55	18	1	6	15	15	0.041
	X3	4.70	107	33	1	5	48	20	0.072
	X4	5.75	119	33	1	5	60	20	0.075
	X13	4.20	101	30	1	5	45	20	0.067
	X5	2.00	55	13	1	6	20	15	0.079
ureteral stent	X7	4.60	104	33	1	5	45	20	0.074
	X8	6.30	121	33	1	5	62	20	0.081
	X9	7.55	134	33	1	5	75	20	0.084

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50390, 74425 and 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency estimates are not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Best estimate available based on 2013 Medicare data, currently reported codes, new bundled coding structure and anticipated utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 50390

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50431 Tracking Number I5 Original Specialty Recommended RVU: **1.42**
Presented Recommended RVU: **1.42**
Global Period: 000 RUC Recommended RVU: **1.42**

CPT Descriptor: Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 44-year-old male was diagnosed with a left ureteral tumor causing mid-ureteral obstruction. A percutaneous nephrostomy tube was previously placed, and the patient developed a new clinical problem associated with the tube (e.g. flank pain, fever,no drainage, urine leak around the tube, question of catheter dislodgement). Diagnostic nephrostogram and ureterogram are requested to assess the clinical situation.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 24%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed prone on the angiographic table.

Description of Intra-Service Work: The left flank and indwelling nephrostomy tube are prepared and draped in sterile fashion. Left renal pelvis contents are aspirated through the indwelling drainage catheter. Contrast material is injected via the indwelling catheter. Diagnostic nephrostogram and ureterogram images are acquired using digital spot film acquisition in multiple projections. The nephrostomy catheter is reconnected to gravity bag drainage.

Description of Post-Service Work: The procedure is documented in the permanent record. Diagnostic nephrostogram and ureterogram results and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Tim Swan, MD, Zeke Silva, MD and Kurt Schoppe, MD				
Specialty(s):	Interventional Radiology				
CPT Code:	50431				
Sample Size:	1750	**Resp N:** 45	**Response:** 2.5 %		
Description of Sample:	SIR - 1000 random US, MD members ACR - 750 random, US , MD members				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	10.00	**23.00**	40.00	150.00
Survey RVW:	1.10	1.42	**2.00**	3.00	5.00
Pre-Service Evaluation Time:			**17.50**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	10.00	**15.00**	29.00	60.00
Immediate Post Service-Time:	**15.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2a-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	50431	**Recommended Physician Work RVU: 1.42**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**-0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**18.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49450	000	4.25	**RUC Time**

CPT Descriptor Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49083	000	2.00	**RUC Time**

CPT Descriptor Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	49,502

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52000	000	2.23	**RUC Time**	929,434

CPT Descriptor 2 Cystourethroscopy (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 33.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 13.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 50431	Top Key Reference CPT Code: 49450	2nd Key Reference CPT Code: **49083**
Median Pre-Service Time	25.00	45.00	25.00
Median Intra-Service Time	15.00	40.00	25.00
Median Immediate Post-service Time	15.00	20.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**55.00**	**105.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES *(of those that selected Key Reference codes)*	**Top Key Ref Code**	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.00	-0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.07	0.25
Urgency of medical decision making	-0.36	0.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	-1.07	-0.25
Physical effort required	-0.71	-0.25
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	-0.50	0.25
Outcome depends on the skill and judgment of physician	-0.43	0.25
Estimated risk of malpractice suit with poor outcome	-0.57	-0.25

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	-0.14	0.25

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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The Joint CPT-RUC Workgroup identified codes 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 as codes reported together (Group 7). The specialties bundled codes per the workgroup's request, and refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements. The CPT Editorial Panel deleted six CPT codes and created twelve codes to describe genitourinary catheter procedures and bundle inherent imaging services.

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SIR/ACR believe that the current values for CPT codes used for the percutaneous, image guided genitourinary procedures newly described in Tab 9 are no longer rational or appropriate for the granular and more descriptive codes in this new group of codes. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology

The codes currently used for this family of genitourinary procedures do not accurately reflect the techniques now used for image-guided, catheter-based genitourinary interventions. As an index example of these significant changes in technique, one of the most widely used of the current codes, 50392 "Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous" describes the placement of a nephrostomy tube. This procedure was previously performed most commonly with a blind technique using anatomic landmarks or less commonly by marking the skin with ultrasound and using the "trocar" method in which the collecting system was first densely opacified by puncture with a needle, after which the nephrostomy was placed by directly sticking the collecting system with one-piece sharpened stylet/cannula/catheter set. Guidewires were infrequently used.

Virtually all the medical devices currently used in GU catheter procedures have been developed since the current codes were adopted. Advances in understanding of GU anatomy and avoidance of complications (especially genitourinary sepsis) have led to the development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of nephrostomy catheters over a wire and use of real-time ultrasound guidance for needle access. The collecting system is never distended to avoid septic complications. Additionally modern imaging guidance is used to more accurately avoid direct puncture of the renal pelvis, which can lead to urine leak and laceration of renal hilar vessels.

We would note that the example of 50392 is reflective of the majority of the existing codes for GU catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values not appropriate for these new codes.

In another example, we can look at existing code 50393 Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection. Current methods utilize double-J internal stents designed specifically for placement via percutaneous methods. These stents were not available when the existing codes were proposed or adopted.

Some codes, for example, 507XX11 Ureteral embolization or occlusion and 506XX6 Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic describe procedures which did not exist previously and thus are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the GU catheter procedures currently described by the family of codes being replaced by the new family of codes has changed considerably. Previously virtually all GU catheter procedures were used for basic relief of urinary obstruction either acutely or chronically, but as a result of major advances in urologic surgery, patients with

malignancies, stone disease and other problems are now being managed with innovative reconstructive techniques including the regular need for and use of catheter based procedures, including urinary drainage.

Examples of the significant change in the patient populations served by these procedures would be: 1) Percutaneous stone removal and extraction (percutanous nephrolithotomy) 2) Management of complex operative urinary diversion procedures such as ileal conduit diversion, Indiana pouch reservoirs and neobladder to urethra diversions. 3) Management of ureteral injuries and urinary leaks

An example of the change in patient populations can be seen in the management of stone disease. Previously, patients with urolithiasis were referred for nephrostomy and/or ureteral stent placement only if the collecting system was obstructed and dilated. Currently, one of the primary indications for access in patients with nephrolithiasis is the presence of staghorn calculi which produces nondilated collecting systems with complex occlusive inflammatory stone burden which resist guidewire passage and require far more skill and time to achieve satisfactory access for subsequent nephrolithotomy in the OR.

In the case of complex operative urinary diversion procedures, interventionalists are much more frequently involved in draining non-obstructed decompressed collecting systems and in intervening on ureteral strictures and urinary leaks.

New GU Family

There are 12 new codes to describe genitourinary catheter procedures. These codes naturally fell into 3 subcategories (1) introduction injection/change/removal (X1, X2, X3, X4, X13 and X5), (2) ureter biospy/embolization/dilation (X6, X11, X12) and (3) ureteral stent (X7, X8 and X9). The codes were surveyed together as a family, to ensure appropriate relativity amongst all 12 codes. Below is an overview of the 12 new GU codes and how they relate to each other, the components included, etc.

	Via needle	Via existing cath
Nephrostogram	x1	x2
Neph tube placement	x3*	x5*
Nephroureteral tube placement	x4*	x13*
Ureteral stent- w/o neph tube	x8*	x7*
Ureteral stent- w/neph tube	x9*	x7*
** Includes nephrostogram if performed*		

Pre/Post Time

Below is a summary of the pre/post time packages selected for this family of codes. We adjusted the times down accordingly when the survey data were lower than the standard package.

PreTime Package 1A
We selected pre time package 1A straightforward patient/straightforward procedure w/o sedation for X5 *Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation.*

PreTime Package 2A
We selected pre time package 2A difficult patient/straightforward procedure w/o sedation for X2 *Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access.*

PreTime Package 2B
We selected pre time package 2b difficult patient/straightforward procedure with sedation for the remaining introduction/injection/change/removal procedures (X1, X3, X4, X13). We also selected pre time package 2b difficult patient/straightforward procedure with sedation for the ureteral stent procedures (X7, X8, X9).

PreTime Package 4
The consensus panel believes the ureter biopsy/embolization/dilation codes (X6, X11, X12) codes represent difficult patients and difficult procedures (pre-time package 4). However, this group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) so no Scrub/Dress/Wait or positioning time is recommended for these procedures. Also, because these

procedures are performed with moderate sedation (not general anesthesia) we recommended pre service evaluation time equal to that of the 2B pre time package.

Post Time Package 7A
We selected post time package 7A Local anesthesia/straightforward procedures for X2 and X5.

Post Time Package 8A
We selected post time package 8A IV Sedation/ Straightforward Procedure for all the GU straightforward procedures with moderate sedation (X1, X3, X4, X13, X7, X8 and X9). Changed to be consisted with pre time above.

Post Time Package 8B
We selected post time package 8B IV Sedation/ Complex Procedure for the ureter biopsy/embolization/dilation codes (X6, X11, X12). This group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) however there would still be post time specific to these codes (i.e. operative note, monitor/stabilize, communicate with patient/family, written post-operative note and post-operative orders/order entry).

Relativity

The consensus panel reviewed the recommendations to the reference service codes selected throughout the 12 surveyed codes and the MPCs. The panel believes the recommendations maintain relativity within (1) the new family of GU codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
MPC	12013	1.22	27	5	1	1	15	5	0.064
Reference	49450	1.36	50	20	5	5	10	10	0.054
Surveyed	X2	1.42	55	18	1	6	15	15	0.041
Reference	49451	1.84	55	20	5	5	15	10	0.068
Reference	49083	2.00	60	15	5	5	25	10	0.052
MPC	52000	2.23	42	10	2	5	15	10	0.113
Surveyed	X5	2.00	55	13	1	6	20	15	0.079
MPC	52332	2.82	56	15	1	5	25	10	0.088
Reference	49452	2.86	60	20	5	5	20	10	0.102
Reference	32557	3.12	67	13	3	6	30	15	0.079
Surveyed	X1	3.15	91	30	1	5	35	20	0.056
MPC	31628	3.8	90	10	10	10	40	20	0.071
Reference	32550	4.17	90	15	15	10	30	20	0.099
Surveyed	X13	4.20	101	30	1	5	45	20	0.067
Reference	49405	4.25	105	35	5	5	40	20	0.072
Reference	49407	4.50	110	35	5	5	45	20	0.069
Surveyed	X7	4.60	104	33	1	5	45	20	0.074
Surveyed	X3	4.70	107	33	1	5	48	20	0.072
MPC	37191	4.71	83	30	3	5	30	15	0.120
Reference	37191	4.71	83	30	3	5	30	15	0.120
Reference	37213	5.00	99	33	3	5	33	25	0.109
Surveyed	X4	5.75	119	33	1	5	60	20	0.075
Reference	36223	6.00	123	40	3	5	45	30	0.096
Reference	36247	6.29	131	33	3	5	60	30	0.080
Surveyed	X8	6.30	121	33	1	5	62	20	0.081
MPC	52352	6.75	118	33	5	15	45	20	0.118
MPC	52353	7.5	133	33	5	15	60	20	0.101
Surveyed	X9	7.55	134	33	1	5	75	20	0.084
Reference	36253	7.55	131	33	3	5	60	30	0.101

Reference	37211	8.00	138	40	3	5	60	30	0.105
Reference	37241	9.00	147	19	3	5	90	30	0.087

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
introduction injection/change/ removal	X1	3.15	91	30	1	5	35	20	0.056
	X2	1.42	55	18	1	6	15	15	0.041
	X3	4.70	107	33	1	5	48	20	0.072
	X4	5.75	119	33	1	5	60	20	0.075
	X13	4.20	101	30	1	5	45	20	0.067
	X5	2.00	55	13	1	6	20	15	0.079
ureteral stent	X7	4.60	104	33	1	5	45	20	0.074
	X8	6.30	121	33	1	5	62	20	0.081
	X9	7.55	134	33	1	5	75	20	0.084

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50394 and 74425

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency estimates are not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,700
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Best estimate available based on 2013 Medicare data, currently reported codes, new bundled coding structure and anticipated utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 50394

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50432 Tracking Number I6 Original Specialty Recommended RVU: **4.70**
Presented Recommended RVU: **4.70**
Global Period: 000 RUC Recommended RVU: **4.70**

CPT Descriptor: Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 57-year-old female was diagnosed with a right renal urinary tract obstruction secondary to a ureteropelvic junction obstructing stone. Percutaneous nephrostomy catheter placement is requested to decompress the proximal collecting system.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 98%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 95%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed prone on the angiographic table. Moderate conscious sedation is administered.

Description of Intra-Service Work: Ultrasound is used to identify a potential tract to the right renal collecting system. The right flank is prepared and draped in sterile fashion and local anesthetic is administered. A small skin incision is made. A 21-gauge needle is inserted into a right renal pelvis through a calyceal approach.. The needle placement is confirmed by injection of a tiny amount of contrast material under fluoroscopic guidance and acquired images demonstrate a lower pole access would be more advantageous for drain placement. A second 21-gauge needle is directly inserted into a lower pole calyx using combined direct ultrasound and fluoroscopic guidance. Needle placement is confirmed by injection of a contrast material under fluoroscopic guidance and permanent images are acquired. A urine sample from the renal pelvis is acquired and sent to the laboratory for analysis. The needle is exchanged over a wire for an intermediate introducer catheter under fluoroscopic guidance. Diagnostic nephrostogram and ureterogram images are acquired using digital spot film acquisition in multiple projections after injection of iodinated contrast material through the catheter. A heavy duty wire is advanced through the catheter, and the catheter is removed. The tract is serially dilated to 8 Fr, and an 8 Fr drainage catheter placed. The renal collecting system and catheter are irrigated with saline. The catheter is connected to gravity bag drainage and the catheter is anchored at the skin surface with a percu-stay device.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. An interim surgical procedure note is created in the permanent record. Percutaneous nephrostomy drainage procedure results and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Tim Swan, MD, Zeke Silva, MD and Kurt Schoppe, MD				
Specialty(s):	Interventional Radiology				
CPT Code:	50432				
Sample Size:	1750	**Resp N:** 45	**Response:** 2.5 %		
Description of Sample:	SIR - 1000 random US, MD members ACR - 750 random, US , MD members				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	15.00	**20.00**	40.00	90.00
Survey RVW:	2.86	4.70	**5.10**	6.33	8.50
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	15.00	30.00	**48.00**	60.00	90.00
Immediate Post Service-Time:	**20.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	50432	**Recommended Physician Work RVU: 4.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**48.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49407	000	4.50	**RUC Time**

CPT Descriptor Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49405	000	4.25	**RUC Time**

CPT Descriptor Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	3.80	**RUC Time**	37,262

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	0.00	**RUC Time**	52,401

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 20.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 17.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 50432	Top Key Reference CPT Code: 49407	2nd Key Reference CPT Code: **49405**
Median Pre-Service Time	39.00	45.00	45.00
Median Intra-Service Time	48.00	45.00	40.00
Median Immediate Post-service Time	20.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**107.00**	**110.00**	**105.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.60	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	0.50
Urgency of medical decision making	0.20	0.88
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.60	0.63
Physical effort required	0.00	0.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.80	0.75
Outcome depends on the skill and judgment of physician	0.60	0.75

Estimated risk of malpractice suit with poor outcome	0.60	0.88

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.40	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The Joint CPT-RUC Workgroup identified codes 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 as codes reported together (Group 7). The specialties bundled codes per the workgroup's request, and refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements. The CPT Editorial Panel deleted six CPT codes and created twelve codes to describe genitourinary catheter procedures and bundle inherent imaging services.

New GU Family

There are 12 new codes to describe genitourinary catheter procedures. These codes naturally fell into 3 subcategories (1) introduction injection/change/removal (X1, X2, X3, X4, X13 and X5), (2) ureter biospy/embolization/dilation (X6, X11, X12) and (3) ureteral stent (X7, X8 and X9). The codes were surveyed together as a family, to ensure appropriate relativity amongst all 12 codes. Below is an overview of the 12 new GU codes and how they relate to each other, the components included, etc.

	Via needle	Via existing cath
Nephrostogram	x1	x2
Neph tube placement	x3*	x5*
Nephroureteral tube placement	x4*	x13*
Ureteral stent- w/o neph tube	x8*	x7*
Ureteral stent- w/neph tube	x9*	x7*
** Includes nephrostogram if performed*		

Pre/Post Time

Below is a summary of the pre/post time packages selected for this family of codes. We adjusted the times down accordingly when the survey data were lower than the standard package.

PreTime Package 1A
We selected pre time package 1A straightforward patient/straightforward procedure w/o sedation for X5 *Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation.*

PreTime Package 2A
We selected pre time package 2A difficult patient/straightforward procedure w/o sedation for X2 *Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access.*

PreTime Package 2B

We selected pre time package 2b difficult patient/straightforward procedure with sedation for the remaining introduction/injection/change/removal procedures (X1, X3, X4, X13). We also selected pre time package 2b difficult patient/straightforward procedure with sedation for the ureteral stent procedures (X7, X8, X9).

PreTime Package 4

The consensus panel believes the ureter biopsy/embolization/dilation codes (X6, X11, X12) codes represent difficult patients and difficult procedures (pre-time package 4). However, this group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) so no Scrub/Dress/Wait or positioning time is recommended for these procedures. Also, because these procedures are performed with moderate sedation (not general anesthesia) we recommended pre service evaluation time equal to that of the 2B pre time package.

Post Time Package 7A

We selected post time package 7A Local anesthesia/straightforward procedures for X2 and X5.

Post Time Package 8A

We selected post time package 8A IV Sedation/ Straightforward Procedure for all the GU straightforward procedures with moderate sedation (X1, X3, X4, X13, X7, X8 and X9). Changed to be consisted with pre time above.

Post Time Package 8B

We selected post time package 8B IV Sedation/ Complex Procedure for the ureter biopsy/embolization/dilation codes (X6, X11, X12). This group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) however there would still be post time specific to these codes (i.e. operative note, monitor/stabilize, communicate with patient/family, written post-operative note and post-operative orders/order entry).

Relativity

The consensus panel reviewed the recommendations to the reference service codes selected throughout the 12 surveyed codes and the MPCs. The panel believes the recommendations maintain relativity within (1) the new family of GU codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
MPC	12013	1.22	27	5	1	1	15	5	0.064
Reference	49450	1.36	50	20	5	5	10	10	0.054
Surveyed	X2	1.42	55	18	1	6	15	15	0.041
Reference	49451	1.84	55	20	5	5	15	10	0.068
Reference	49083	2.00	60	15	5	5	25	10	0.052
MPC	52000	2.23	42	10	2	5	15	10	0.113
Surveyed	X5	2.00	55	13	1	6	20	15	0.079
MPC	52332	2.82	56	15	1	5	25	10	0.088
Reference	49452	2.86	60	20	5	5	20	10	0.102
Reference	32557	3.12	67	13	3	6	30	15	0.079
Surveyed	X1	3.15	91	30	1	5	35	20	0.056
MPC	31628	3.8	90	10	10	10	40	20	0.071
Reference	32550	4.17	90	15	15	10	30	20	0.099
Surveyed	X13	4.20	101	30	1	5	45	20	0.067
Reference	49405	4.25	105	35	5	5	40	20	0.072
Reference	49407	4.50	110	35	5	5	45	20	0.069
Surveyed	X7	4.60	104	33	1	5	45	20	0.074
Surveyed	X3	4.70	107	33	1	5	48	20	0.072
MPC	37191	4.71	83	30	3	5	30	15	0.120
Reference	37191	4.71	83	30	3	5	30	15	0.120
Reference	37213	5.00	99	33	3	5	33	25	0.109
Surveyed	X4	5.75	119	33	1	5	60	20	0.075

Reference	36223	6.00	123	40	3	5	45	30	0.096
Reference	36247	6.29	131	33	3	5	60	30	0.080
Surveyed	X8	6.30	121	33	1	5	62	20	0.081
MPC	52352	6.75	118	33	5	15	45	20	0.118
MPC	52353	7.5	133	33	5	15	60	20	0.101
Surveyed	X9	7.55	134	33	1	5	75	20	0.084
Reference	36253	7.55	131	33	3	5	60	30	0.101
Reference	37211	8.00	138	40	3	5	60	30	0.105
Reference	37241	9.00	147	19	3	5	90	30	0.087

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
introduction injection/change/ removal	X1	3.15	91	30	1	5	35	20	0.056
	X2	1.42	55	18	1	6	15	15	0.041
	X3	4.70	107	33	1	5	48	20	0.072
	X4	5.75	119	33	1	5	60	20	0.075
	X13	4.20	101	30	1	5	45	20	0.067
	X5	2.00	55	13	1	6	20	15	0.079
ureteral stent	X7	4.60	104	33	1	5	45	20	0.074
	X8	6.30	121	33	1	5	62	20	0.081
	X9	7.55	134	33	1	5	75	20	0.084

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50392, 74475, 50390 and 74425

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency estimates are not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
20,817 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Best estimate available based on 2013 Medicare data, currently reported codes, new bundled coding structure and anticipated utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 50392

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50433 Tracking Number I7 Original Specialty Recommended RVU: **5.75**
Presented Recommended RVU: **5.75**
Global Period: 000 RUC Recommended RVU: **5.75**

CPT Descriptor: Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female was diagnosed with a right urinary tract obstruction secondary to a stricture at the ureteropelvic junction. Percutaneous nephroureteral stent placement is requested to decompress the proximal collecting system.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 98%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 94%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed prone on the angiographic table. Moderate conscious sedation is administered.

Description of Intra-Service Work: Ultrasound is used to identify a potential tract to the right renal collecting system. The right flank is prepared and draped in sterile fashion and local anesthetic is administered. A small skin incision is made. A 21-gauge needle is inserted into the right renal pelvis through a calyceal approach.. The needle placement is confirmed by injection of a tiny amount of contrast material under fluoroscopic guidance and acquired images demonstrate an upper pole access would be more advantageous for nephroureteral catheter placement. A second 21-gauge needle is directly inserted into an upper pole calyx under combined direct ultrasound and fluoroscopic guidance . Needle placement is confirmed by injection of a contrast material under fluoroscopic guidance and permanent images are acquired. A urine sample from the renal pelvis is acquired and sent to the laboratory for analysis. The needle is exchanged over wire for an intermediate introducer catheter under fluoroscopic guidance. Diagnostic nephrostogram and ureterogram images are acquired using digital spot film acquisition in multiple projections after injection of iodinated contrast material through the catheter. A hydrophilic wire is then manipulated through the UPJ stricture into the distal ureter and bladder. The intermediate catheter is advanced across the stricture and a second safety guidewire is inserted into the ureter. The intermediate catheter is removed over the wire. The parenchymal tract is serially dilated to 8 Fr. An 8 Fr nephroureteral stent is inserted with the distal pigtail in the bladder and the proximal pigtail in the renal pelvis. The wires and delivery system are removed. The catheter is connected to gravity bag drainage and the catheter is anchored at the skin surface with a percu-stay device.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. An interim surgical procedure note is created in the permanent record. Percutaneous nephroureteral stent placement procedure results and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Tim Swan, MD, Zeke Silva, MD and Kurt Schoppe, MD				
Specialty(s):	Interventional Radiology				
CPT Code:	50433				
Sample Size:	1750	**Resp N:** 46	**Response:** 2.6 %		
Description of Sample:	SIR - 1000 random US, MD members ACR - 750 random, US , MD members				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**15.00**	29.00	140.00
Survey RVW:	1.00	5.00	**6.20**	8.00	11.23
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	46.00	**60.00**	75.00	120.00
Immediate Post Service-Time:	**20.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	50433	**Recommended Physician Work RVU: 5.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37191	000	4.71	**RUC Time**

CPT Descriptor Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37211	000	8.00	**RUC Time**

CPT Descriptor Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	52,401

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,892

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 19.5 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 17.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 50433	Top Key Reference CPT Code: 37191	2nd Key Reference CPT Code: **37211**
Median Pre-Service Time	39.00	38.00	48.00
Median Intra-Service Time	60.00	30.00	60.00
Median Immediate Post-service Time	20.00	15.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**119.00**	**83.00**	**138.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.25	0.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.38	0.00
Urgency of medical decision making	0.38	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.75	0.33
Physical effort required	0.50	1.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.38	0.00
Outcome depends on the skill and judgment of physician	0.63	0.00

Estimated risk of malpractice suit with poor outcome	0.38	-1.33

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.75	-0.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The Joint CPT-RUC Workgroup identified codes 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 as codes reported together (Group 7). The specialties bundled codes per the workgroup's request, and refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements. The CPT Editorial Panel deleted six CPT codes and created twelve codes to describe genitourinary catheter procedures and bundle inherent imaging services.

Compelling Evidence

SIR/ACR believe that the current values for CPT codes used for the percutaneous, image guided genitourinary procedures newly described in Tab 9 are no longer rational or appropriate for the granular and more descriptive codes in this new group of codes. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology

The codes currently used for this family of genitourinary procedures do not accurately reflect the techniques now used for image-guided, catheter-based genitourinary interventions. As an index example of these significant changes in technique, one of the most widely used of the current codes, 50392 "Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous" describes the placement of a nephrostomy tube. This procedure was previously performed most commonly with a blind technique using anatomic landmarks or less commonly by marking the skin with ultrasound and using the "trocar" method in which the collecting system was first densely opacified by puncture with a needle, after which the nephrostomy was placed by directly sticking the collecting system with one-piece sharpened stylet/cannula/catheter set. Guidewires were infrequently used.

Virtually all the medical devices currently used in GU catheter procedures have been developed since the current codes were adopted. Advances in understanding of GU anatomy and avoidance of complications (especially genitourinary sepsis) have led to the development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of nephrostomy catheters over a wire and use of real-time ultrasound guidance for needle access. The collecting system is never distended to avoid septic complications. Additionally modern imaging guidance is used to more accurately avoid direct puncture of the renal pelvis, which can lead to urine leak and laceration of renal hilar vessels.

We would note that the example of 50392 is reflective of the majority of the existing codes for GU catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values not appropriate for these new codes.

In another example, we can look at existing code 50393 Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection. Current methods utilize double-J internal stents designed specifically for placement via percutaneous methods. These stents were not available when the existing codes were proposed or adopted.

Some codes, for example, 507XX11 Ureteral embolization or occlusion and 506XX6 Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic describe procedures which did not exist previously and thus are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the GU catheter procedures currently described by the family of codes being replaced by the new family of codes has changed considerably. Previously virtually all GU catheter procedures were used for basic relief of urinary obstruction either acutely or chronically, but as a result of major advances in urologic surgery, patients with malignancies, stone disease and other problems are now being managed with innovative reconstructive techniques including the regular need for and use of catheter based procedures, including urinary drainage.

Examples of the significant change in the patient populations served by these procedures would be: 1) Percutaneous stone removal and extraction (percutanous nephrolithotomy) 2) Management of complex operative urinary diversion procedures such as ileal conduit diversion, Indiana pouch reservoirs and neobladder to urethra diversions. 3) Management of ureteral injuries and urinary leaks

An example of the change in patient populations can be seen in the management of stone disease. Previously, patients with urolithiasis were referred for nephrostomy and/or ureteral stent placement only if the collecting system was obstructed and dilated. Currently, one of the primary indications for access in patients with nephrolithiasis is the presence of staghorn calculi which produces nondilated collecting systems with complex occlusive inflammatory stone burden which resist guidewire passage and require far more skill and time to achieve satisfactory access for subsequent nephrolithotomy in the OR.

In the case of complex operative urinary diversion procedures, interventionalists are much more frequently involved in draining non-obstructed decompressed collecting systems and in intervening on ureteral strictures and urinary leaks.

New GU Family

There are 12 new codes to describe genitourinary catheter procedures. These codes naturally fell into 3 subcategories (1) introduction injection/change/removal (X1, X2, X3, X4, X13 and X5), (2) ureter biospy/embolization/dilation (X6, X11, X12) and (3) ureteral stent (X7, X8 and X9). The codes were surveyed together as a family, to ensure appropriate relativity amongst all 12 codes. Below is an overview of the 12 new GU codes and how they relate to each other, the components included, etc.

	Via needle	Via existing cath
Nephrostogram	x1	x2
Neph tube placement	x3*	x5*
Nephroureteral tube placement	x4*	x13*
Ureteral stent- w/o neph tube	x8*	x7*
Ureteral stent- w/neph tube	x9*	x7*
** Includes nephrostogram if performed*		

Pre/Post Time

Below is a summary of the pre/post time packages selected for this family of codes. We adjusted the times down accordingly when the survey data were lower than the standard package.

PreTime Package 1A
We selected pre time package 1A straightforward patient/straightforward procedure w/o sedation for X5 *Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation.*

PreTime Package 2A
We selected pre time package 2A difficult patient/straightforward procedure w/o sedation for X2 *Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access.*

PreTime Package 2B
We selected pre time package 2b difficult patient/straightforward procedure with sedation for the remaining introduction/injection/change/removal procedures (X1, X3, X4, X13). We also selected pre time package 2b difficult patient/straightforward procedure with sedation for the ureteral stent procedures (X7, X8, X9).

PreTime Package 4

The consensus panel believes the ureter biopsy/embolization/dilation codes (X6, X11, X12) codes represent difficult patients and difficult procedures (pre-time package 4). However, this group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) so no Scrub/Dress/Wait or positioning time is recommended for these procedures. Also, because these procedures are performed with moderate sedation (not general anesthesia) we recommended pre service evaluation time equal to that of the 2B pre time package.

Post Time Package 7A
We selected post time package 7A Local anesthesia/straightforward procedures for X2 and X5.

Post Time Package 8A
We selected post time package 8A IV Sedation/ Straightforward Procedure for all the GU straightforward procedures with moderate sedation (X1, X3, X4, X13, X7, X8 and X9). Changed to be consisted with pre time above.

Post Time Package 8B
We selected post time package 8B IV Sedation/ Complex Procedure for the ureter biopsy/embolization/dilation codes (X6, X11, X12). This group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) however there would still be post time specific to these codes (i.e. operative note, monitor/stabilize, communicate with patient/family, written post-operative note and post-operative orders/order entry).

Relativity

The consensus panel reviewed the recommendations to the reference service codes selected throughout the 12 surveyed codes and the MPCs. The panel believes the recommendations maintain relativity within (1) the new family of GU codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
MPC	12013	1.22	27	5	1	1	15	5	0.064
Reference	49450	1.36	50	20	5	5	10	10	0.054
Surveyed	X2	1.42	55	18	1	6	15	15	0.041
Reference	49451	1.84	55	20	5	5	15	10	0.068
Reference	49083	2.00	60	15	5	5	25	10	0.052
MPC	52000	2.23	42	10	2	5	15	10	0.113
Surveyed	X5	2.00	55	13	1	6	20	15	0.079
MPC	52332	2.82	56	15	1	5	25	10	0.088
Reference	49452	2.86	60	20	5	5	20	10	0.102
Reference	32557	3.12	67	13	3	6	30	15	0.079
Surveyed	X1	3.15	91	30	1	5	35	20	0.056
MPC	31628	3.8	90	10	10	10	40	20	0.071
Reference	32550	4.17	90	15	15	10	30	20	0.099
Surveyed	X13	4.20	101	30	1	5	45	20	0.067
Reference	49405	4.25	105	35	5	5	40	20	0.072
Reference	49407	4.50	110	35	5	5	45	20	0.069
Surveyed	X7	4.60	104	33	1	5	45	20	0.074
Surveyed	X3	4.70	107	33	1	5	48	20	0.072
MPC	37191	4.71	83	30	3	5	30	15	0.120
Reference	37191	4.71	83	30	3	5	30	15	0.120
Reference	37213	5.00	99	33	3	5	33	25	0.109
Surveyed	X4	5.75	119	33	1	5	60	20	0.075
Reference	36223	6.00	123	40	3	5	45	30	0.096
Reference	36247	6.29	131	33	3	5	60	30	0.080
Surveyed	X8	6.30	121	33	1	5	62	20	0.081
MPC	52352	6.75	118	33	5	15	45	20	0.118

MPC	52353	7.5	133	33	5	15	60	20	0.101
Surveyed	X9	7.55	134	33	1	5	75	20	0.084
Reference	36253	7.55	131	33	3	5	60	30	0.101
Reference	37211	8.00	138	40	3	5	60	30	0.105
Reference	37241	9.00	147	19	3	5	90	30	0.087

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
introduction injection/change/ removal	X1	3.15	91	30	1	5	35	20	0.056
	X2	1.42	55	18	1	6	15	15	0.041
	X3	4.70	107	33	1	5	48	20	0.072
	X4	5.75	119	33	1	5	60	20	0.075
	X13	4.20	101	30	1	5	45	20	0.067
	X5	2.00	55	13	1	6	20	15	0.079
ureteral stent	X7	4.60	104	33	1	5	45	20	0.074
	X8	6.30	121	33	1	5	62	20	0.081
	X9	7.55	134	33	1	5	75	20	0.084

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50393, 74480, 50390, 74425 and 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency estimates are not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,800
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Best estimate available based on 2013 Medicare data, currently reported codes, new bundled coding structure and anticipated utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 50393

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50434 Tracking Number I8 Original Specialty Recommended RVU: **4.20**
Presented Recommended RVU: **4.20**
Global Period: 000 RUC Recommended RVU: **4.20**

CPT Descriptor: Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male has a left urinary tract obstruction secondary to a proximal ureteral tumor for which a percutaneous nephrostomy was initially placed to decompress the proximal collecting system. Radiation therapy is planned and conversion of the nephrostomy tube to a nephroureteral catheter is requested.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 98%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 94%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed prone on the angiographic table. Moderate conscious sedation is administered.

Description of Intra-Service Work: The left flank and indwelling nephrostomy tube are prepared and draped in sterile fashion. A urine sample from the renal pelvis is acquired and sent to the laboratory for analysis. Diagnostic nephrostogam and ureterogram images are acquired using digital spot film acquisition in multiple projections after injection of iodinated contrast material through the catheter. The skin is infiltrated with local anesthesia. A guidewire is inserted through the indwelling nephrostomy tube and the tube is removed under fluoroscopic guidance. A diagnostic catheter is introduced over the guidewire. A hydrophilic wire is then used to probe the ureteropelvic junction tract until access into the ureter is acquired. The wire is advanced into the urinary bladder. The diagnostic catheter is advanced over the wire and is used to measure ureteral length,. The catheter is then removed over a wire. A long sheath is substituted and a safety guidewire is introduced into the ureter/bladder. The sheath is removed. A new 8 Fr externally accessible nephroureteral catheter of appropriate length is placed with pigtail loops formed in the urinary bladder and renal pelvis. The wires are removed. The nephroureteral catheter is connected to gravity bag drainage. The nephroureteral catheter is anchored in position with a percu-stay at the skin surface.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. An interim surgical procedure note is created in the

permanent record. Nephrostomy to nephroureteral catheter conversion results and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Tim Swan, MD, Zeke Silva, MD and Kurt Schoppe, MD				
Specialty(s):	Interventional Radiology				
CPT Code:	50434				
Sample Size:	1750	**Resp N:** 45	**Response:** 2.5 %		
Description of Sample:	SIR - 1000 random US, MD members ACR - 750 random, US , MD members				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	10.00	**15.00**	20.00	60.00
Survey RVW:	2.45	4.20	**4.50**	6.00	9.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	15.00	30.00	**45.00**	60.00	90.00
Immediate Post Service-Time:	**20.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	50434	**Recommended Physician Work RVU: 4.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49452	000	2.86	**RUC Time**

CPT Descriptor Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36253	000	7.55	**RUC Time**

CPT Descriptor Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	3.80	**RUC Time**	37,262

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	52,401

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 6 **% of respondents:** 13.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 13.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 50434	Top Key Reference CPT Code: 49452	2nd Key Reference CPT Code: 36253
Median Pre-Service Time	36.00	30.00	41.00
Median Intra-Service Time	45.00	20.00	60.00
Median Immediate Post-service Time	20.00	10.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**101.00**	**60.00**	**131.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.50	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.50	0.50
Urgency of medical decision making	1.00	0.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.67	0.33
Physical effort required	1.00	0.33
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.67	0.33

Outcome depends on the skill and judgment of physician	1.00	0.33
Estimated risk of malpractice suit with poor outcome	0.50	0.33

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.50	0.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The Joint CPT-RUC Workgroup identified codes 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 as codes reported together (Group 7). The specialties bundled codes per the workgroup's request, and refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements. The CPT Editorial Panel deleted six CPT codes and created twelve codes to describe genitourinary catheter procedures and bundle inherent imaging services.

New GU Family

There are 12 new codes to describe genitourinary catheter procedures. These codes naturally fell into 3 subcategories (1) introduction injection/change/removal (X1, X2, X3, X4, X13 and X5), (2) ureter biospy/embolization/dilation (X6, X11, X12) and (3) ureteral stent (X7, X8 and X9). The codes were surveyed together as a family, to ensure appropriate relativity amongst all 12 codes. Below is an overview of the 12 new GU codes and how they relate to each other, the components included, etc.

	Via needle	Via existing cath
Nephrostogram	x1	x2
Neph tube placement	x3*	x5*
Nephroureteral tube placement	x4*	x13*
Ureteral stent- w/o neph tube	x8*	x7*
Ureteral stent- w/neph tube	x9*	x7*
** Includes nephrostogram if performed*		

Pre/Post Time

Below is a summary of the pre/post time packages selected for this family of codes. We adjusted the times down accordingly when the survey data were lower than the standard package.

PreTime Package 1A
We selected pre time package 1A straightforward patient/straightforward procedure w/o sedation for X5 *Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation.*

PreTime Package 2A
We selected pre time package 2A difficult patient/straightforward procedure w/o sedation for X2 *Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access.*

PreTime Package 2B
We selected pre time package 2b difficult patient/straightforward procedure with sedation for the remaining introduction/injection/change/removal procedures (X1, X3, X4, X13). We also selected pre time package 2b difficult patient/straightforward procedure with sedation for the ureteral stent procedures (X7, X8, X9).

PreTime Package 4
The consensus panel believes the ureter biopsy/embolization/dilation codes (X6, X11, X12) codes represent difficult patients and difficult procedures (pre-time package 4). However, this group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) so no Scrub/Dress/Wait or positioning time is recommended for these procedures. Also, because these procedures are performed with moderate sedation (not general anesthesia) we recommended pre service evaluation time equal to that of the 2B pre time package.

Post Time Package 7A
We selected post time package 7A Local anesthesia/straightforward procedures for X2 and X5.

Post Time Package 8A
We selected post time package 8A IV Sedation/ Straightforward Procedure for all the GU straightforward procedures with moderate sedation (X1, X3, X4, X13, X7, X8 and X9). Changed to be consisted with pre time above.

Post Time Package 8B
We selected post time package 8B IV Sedation/ Complex Procedure for the ureter biopsy/embolization/dilation codes (X6, X11, X12). This group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) however there would still be post time specific to these codes (i.e. operative note, monitor/stabilize, communicate with patient/family, written post-operative note and post-operative orders/order entry).

Relativity

The consensus panel reviewed the recommendations to the reference service codes selected throughout the 12 surveyed codes and the MPCs. The panel believes the recommendations maintain relativity within (1) the new family of GU codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
MPC	12013	1.22	27	5	1	1	15	5	0.064
Reference	49450	1.36	50	20	5	5	10	10	0.054
Surveyed	X2	1.42	55	18	1	6	15	15	0.041
Reference	49451	1.84	55	20	5	5	15	10	0.068
Reference	49083	2.00	60	15	5	5	25	10	0.052
MPC	52000	2.23	42	10	2	5	15	10	0.113
Surveyed	X5	2.00	55	13	1	6	20	15	0.079
MPC	52332	2.82	56	15	1	5	25	10	0.088
Reference	49452	2.86	60	20	5	5	20	10	0.102
Reference	32557	3.12	67	13	3	6	30	15	0.079
Surveyed	X1	3.15	91	30	1	5	35	20	0.056
MPC	31628	3.8	90	10	10	10	40	20	0.071
Reference	32550	4.17	90	15	15	10	30	20	0.099
Surveyed	X13	4.20	101	30	1	5	45	20	0.067
Reference	49405	4.25	105	35	5	5	40	20	0.072
Reference	49407	4.50	110	35	5	5	45	20	0.069
Surveyed	X7	4.60	104	33	1	5	45	20	0.074
Surveyed	X3	4.70	107	33	1	5	48	20	0.072
MPC	37191	4.71	83	30	3	5	30	15	0.120
Reference	37191	4.71	83	30	3	5	30	15	0.120
Reference	37213	5.00	99	33	3	5	33	25	0.109

Surveyed	X4	5.75	119	33	1	5	60	20	0.075
Reference	36223	6.00	123	40	3	5	45	30	0.096
Reference	36247	6.29	131	33	3	5	60	30	0.080
Surveyed	X8	6.30	121	33	1	5	62	20	0.081
MPC	52352	6.75	118	33	5	15	45	20	0.118
MPC	52353	7.5	133	33	5	15	60	20	0.101
Surveyed	X9	7.55	134	33	1	5	75	20	0.084
Reference	36253	7.55	131	33	3	5	60	30	0.101
Reference	37211	8.00	138	40	3	5	60	30	0.105
Reference	37241	9.00	147	19	3	5	90	30	0.087

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
introduction injection/change/ removal	X1	3.15	91	30	1	5	35	20	0.056
	X2	1.42	55	18	1	6	15	15	0.041
	X3	4.70	107	33	1	5	48	20	0.072
	X4	5.75	119	33	1	5	60	20	0.075
	X13	4.20	101	30	1	5	45	20	0.067
	X5	2.00	55	13	1	6	20	15	0.079
ureteral stent	X7	4.60	104	33	1	5	45	20	0.074
	X8	6.30	121	33	1	5	62	20	0.081
	X9	7.55	134	33	1	5	75	20	0.084

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50393, 74480, 50394 and 74425

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency estimates are not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,400
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Best estimate available based on 2013 Medicare data, currently reported codes, new bundled coding structure and anticipated utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 50393

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50435 Tracking Number I9 Original Specialty Recommended RVU: **2.27**
Presented Recommended RVU: **2.00**
Global Period: 000 RUC Recommended RVU: **2.00**

CPT Descriptor: Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old male with bladder cancer has ureterovesical junction obstruction. His right kidney is non-functional. He has a left nephrostomy tube, initially placed eight weeks ago, that was connected to external drainage. The percutaneous nephrostomy stopped draining this morning with no urine output, and a diagnostic nephrostogram with probable nephrostomy tube change is requested.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 88%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed prone on the angiographic table.

Description of Intra-Service Work: The left flank and indwelling nephrostomy tube are prepared and draped in sterile fashion. Attempt is made to aspirate and inject through the nephrostomy tube without success. The skin is infiltrated with local anesthesia. Attempt is made to manipulate guide wire through the tube without success. The anchoring and self retention devices are released and the tube is removed. A diagnostic catheter is introduced into the parenchymal tract and along with a glide wire is used to probe the tract until access to the renal pelvis is acquired. A urine sample from the renal pelvis is acquired and sent to the laboratory for analysis. Diagnostic nephrostogam and ureterogram images are acquired using digital spot film acquisition in multiple projections after injection of iodinated contrast material through the catheter. The diagnostic catheter is removed over a wire. A new 8 Fr nephrostomy tube is placed and the pigtail is formed in the renal pelvis. The wire is removed. The nephrostomy tube is connected to gravity bag drainage. The catheter is anchored in position with a percu-stay device at the skin surface.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. An interim surgical procedure note is created in the permanent record. Nephrostomy tube change results and patient status are communicated to the patient's family.

Permanent surgical procedure and image interpretation reports are created for the medical record and copies of the reports are sent to the patient’s referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Tim Swan, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	50435		
Sample Size:	1750	**Resp N:** 44	**Response:** 2.5 %
Description of Sample:	SIR - 1000 random US, MD members ACR - 750 random, US , MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**27.00**	44.00	150.00
Survey RVW:	1.40	2.00	**2.95**	4.20	7.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	70.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	50435	**Recommended Physician Work RVU: 2.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**18.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49452	000	2.86	**RUC Time**

CPT Descriptor Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49451	000	1.84	**RUC Time**

CPT Descriptor Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52000	000	2.23	**RUC Time**	929,434

CPT Descriptor 1 Cystourethroscopy (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.82	**RUC Time**	166,775

CPT Descriptor 2 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 36.3 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 18.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 50435	Top Key Reference CPT Code: 49452	2nd Key Reference CPT Code: **49451**
Median Pre-Service Time	20.00	30.00	30.00
Median Intra-Service Time	20.00	20.00	15.00
Median Immediate Post-service Time	15.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**55.00**	**60.00**	**55.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES *(of those that selected Key Reference codes)*	**Top Key Ref Code**	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.19	0.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.25	0.25
Urgency of medical decision making	-0.33	0.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.50	0.13
Physical effort required	-0.63	0.13
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	-0.27	0.25
Outcome depends on the skill and judgment of physician	-0.19	0.25
Estimated risk of malpractice suit with poor outcome	-0.38	0.25

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	-0.38	0.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The Joint CPT-RUC Workgroup identified codes 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 as codes reported together (Group 7). The specialties bundled codes per the workgroup's request, and refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements. The CPT Editorial Panel deleted six CPT codes and created twelve codes to describe genitourinary catheter procedures and bundle inherent imaging services.

New GU Family

There are 12 new codes to describe genitourinary catheter procedures. These codes naturally fell into 3 subcategories (1) introduction injection/change/removal (X1, X2, X3, X4, X13 and X5), (2) ureter biospy/embolization/dilation (X6, X11, X12) and (3) ureteral stent (X7, X8 and X9). The codes were surveyed together as a family, to ensure appropriate relativity amongst all 12 codes. Below is an overview of the 12 new GU codes and how they relate to each other, the components included, etc.

	Via needle	Via existing cath
Nephrostogram	x1	x2
Neph tube placement	x3*	x5*
Nephroureteral tube placement	x4*	x13*
Ureteral stent- w/o neph tube	x8*	x7*
Ureteral stent- w/neph tube	x9*	x7*
** Includes nephrostogram if performed*		

Pre/Post Time

Below is a summary of the pre/post time packages selected for this family of codes. We adjusted the times down accordingly when the survey data were lower than the standard package.

PreTime Package 1A
We selected pre time package 1A straightforward patient/straightforward procedure w/o sedation for X5 *Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation.*

PreTime Package 2A
We selected pre time package 2A difficult patient/straightforward procedure w/o sedation for X2 *Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access.*

PreTime Package 2B
We selected pre time package 2b difficult patient/straightforward procedure with sedation for the remaining introduction/injection/change/removal procedures (X1, X3, X4, X13). We also selected pre time package 2b difficult patient/straightforward procedure with sedation for the ureteral stent procedures (X7, X8, X9).

PreTime Package 4
The consensus panel believes the ureter biopsy/embolization/dilation codes (X6, X11, X12) codes represent difficult patients and difficult procedures (pre-time package 4). However, this group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) so no Scrub/Dress/Wait or positioning time is recommended for these procedures. Also, because these procedures are performed with moderate sedation (not general anesthesia) we recommended pre service evaluation time equal to that of the 2B pre time package.

Post Time Package 7A
We selected post time package 7A Local anesthesia/straightforward procedures for X2 and X5.

Post Time Package 8A
We selected post time package 8A IV Sedation/ Straightforward Procedure for all the GU straightforward procedures with moderate sedation (X1, X3, X4, X13, X7, X8 and X9). Changed to be consisted with pre time above.

Post Time Package 8B
We selected post time package 8B IV Sedation/ Complex Procedure for the ureter biopsy/embolization/dilation codes (X6, X11, X12). This group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) however there would still be post time specific to these codes (i.e. operative note, monitor/stabilize, communicate with patient/family, written post-operative note and post-operative orders/order entry).

Relativity

The consensus panel reviewed the recommendations to the reference service codes selected throughout the 12 surveyed codes and the MPCs. The panel believes the recommendations maintain relativity within (1) the new family of GU codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
MPC	12013	1.22	27	5	1	1	15	5	0.064
Reference	49450	1.36	50	20	5	5	10	10	0.054
Surveyed	X2	1.42	55	18	1	6	15	15	0.041
Reference	49451	1.84	55	20	5	5	15	10	0.068
Reference	49083	2.00	60	15	5	5	25	10	0.052
MPC	52000	2.23	42	10	2	5	15	10	0.113
Surveyed	X5	2.00	55	13	1	6	20	15	0.079
MPC	52332	2.82	56	15	1	5	25	10	0.088
Reference	49452	2.86	60	20	5	5	20	10	0.102
Reference	32557	3.12	67	13	3	6	30	15	0.079
Surveyed	X1	3.15	91	30	1	5	35	20	0.056
MPC	31628	3.8	90	10	10	10	40	20	0.071
Reference	32550	4.17	90	15	15	10	30	20	0.099
Surveyed	X13	4.20	101	30	1	5	45	20	0.067
Reference	49405	4.25	105	35	5	5	40	20	0.072
Reference	49407	4.50	110	35	5	5	45	20	0.069
Surveyed	X7	4.60	104	33	1	5	45	20	0.074
Surveyed	X3	4.70	107	33	1	5	48	20	0.072
MPC	37191	4.71	83	30	3	5	30	15	0.120
Reference	37191	4.71	83	30	3	5	30	15	0.120
Reference	37213	5.00	99	33	3	5	33	25	0.109
Surveyed	X4	5.75	119	33	1	5	60	20	0.075
Reference	36223	6.00	123	40	3	5	45	30	0.096
Reference	36247	6.29	131	33	3	5	60	30	0.080
Surveyed	X8	6.30	121	33	1	5	62	20	0.081
MPC	52352	6.75	118	33	5	15	45	20	0.118

MPC	52353	7.5	133	33	5	15	60	20	0.101
Surveyed	X9	7.55	134	33	1	5	75	20	0.084
Reference	36253	7.55	131	33	3	5	60	30	0.101
Reference	37211	8.00	138	40	3	5	60	30	0.105
Reference	37241	9.00	147	19	3	5	90	30	0.087

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
introduction injection/change/ removal	X1	3.15	91	30	1	5	35	20	0.056
	X2	1.42	55	18	1	6	15	15	0.041
	X3	4.70	107	33	1	5	48	20	0.072
	X4	5.75	119	33	1	5	60	20	0.075
	X13	4.20	101	30	1	5	45	20	0.067
	X5	2.00	55	13	1	6	20	15	0.079
ureteral stent	X7	4.60	104	33	1	5	45	20	0.074
	X8	6.30	121	33	1	5	62	20	0.081
	X9	7.55	134	33	1	5	75	20	0.084

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50398, 75984, 50394 and 74425

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency estimates are not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
32,500 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Best estimate available based on 2013 Medicare data, currently reported codes, new bundled coding structure and anticipated utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 50398

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50693 Tracking Number I11 Original Specialty Recommended RVU: **4.60**
Presented Recommended RVU: **4.60**
Global Period: 000 RUC Recommended RVU: **4.60**

CPT Descriptor: Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male was diagnosed with a left ureteral tumor causing mid-ureteral obstruction. The patient has previously had a nephrostomy tube placed at an outside institution. He is referred for conversion to an internal ureteral stent.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 94%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 86%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed prone on the angiographic table. Moderate conscious sedation is administered.

Description of Intra-Service Work: The left flank and existing nephrostomy tube are prepared and draped in sterile fashion and local anesthetic is administered. Left renal pelvis contents are aspirated through the indwelling nephrostomy catheter. A urine sample from the renal pelvis is acquired and sent to the laboratory for analysis. Diagnostic nephrostogam and ureterogram images are acquired using digital spot film acquisition in multiple projections after injection of iodinated contrast material through the catheter. A wire is placed through the nephrostomy catheter under fluoroscopic guidance, and the catheter is subsequently removed. A 5 Fr diagnostic catheter is inserted over the wire. The wire is exchanged for a hydrophilic guidewire. The hydrophilic guidewire is advanced, and the catheter-wire combination is used to traverse the ureter under fluoroscopic guidance. The catheter is marked to measure the length of ureter from bladder to UPJ. The catheter is removed. The appropriate length ureteral stent is selected and prepared for delivery. An intermediate sheath is inserted over the hydrophilic wire and a heavy duty guidewire is introduced (hydrophilic wire is left in place as a safety wire). The sheath is removed. An 8 Fr double-J ureteral stent is inserted over the heavy-duty wire. The distal pigtail is formed in the bladder and the proximal pigtail is formed in the left renal pelvis. The safety wire is removed. The nephrostomy catheter is replaced over the heavy-duty wire. The delivery system and wire are removed. The nephrostomy catheter is connected to gravity bag drainage. The catheter itself is anchored in position with a percu-stay device at the skin

surface. Final position and function of the ureteral stent and percutaneous nephrostomy catheter are documented with contrast material injection and digital spot film imaging.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. An interim surgical procedure note is created in the permanent record. Ureteral stent placement procedure results and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Tim Swan, MD, Zeke Silva, MD and Kurt Schoppe, MD				
Specialty(s):	Interventional Radiology				
CPT Code:	50693				
Sample Size:	1750	**Resp N:** 33	**Response:** 1.8 %		
Description of Sample:	SIR - 1000 random US, MD members ACR - 750 random, US , MD members				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**10.00**	20.00	60.00
Survey RVW:	3.50	4.21	**4.60**	5.70	6.50
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	15.00	40.00	**45.00**	50.00	65.00
Immediate Post Service-Time:	**20.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	50693	**Recommended Physician Work RVU: 4.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32550	000	4.17	**RUC Time**

CPT Descriptor Insertion of indwelling tunneled pleural catheter with cuff

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49452	000	2.86	**RUC Time**

CPT Descriptor Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	3.80	**RUC Time**	37,262

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	52,401

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 21.2 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 18.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 50693	Top Key Reference CPT Code: 32550	2nd Key Reference CPT Code: **49452**
Median Pre-Service Time	39.00	40.00	30.00
Median Intra-Service Time	45.00	30.00	20.00
Median Immediate Post-service Time	20.00	20.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**104.00**	**90.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.50	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	0.00
Urgency of medical decision making	0.50	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.50	0.00
Physical effort required	0.50	0.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.50	0.00
Outcome depends on the skill and judgment of physician	0.50	0.00

Estimated risk of malpractice suit with poor outcome	0.00	0.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.50	0.80

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The Joint CPT-RUC Workgroup identified codes 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 as codes reported together (Group 7). The specialties bundled codes per the workgroup's request, and refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements. The CPT Editorial Panel deleted six CPT codes and created twelve codes to describe genitourinary catheter procedures and bundle inherent imaging services.

New GU Family

There are 12 new codes to describe genitourinary catheter procedures. These codes naturally fell into 3 subcategories (1) introduction injection/change/removal (X1, X2, X3, X4, X13 and X5), (2) ureter biospy/embolization/dilation (X6, X11, X12) and (3) ureteral stent (X7, X8 and X9). The codes were surveyed together as a family, to ensure appropriate relativity amongst all 12 codes. Below is an overview of the 12 new GU codes and how they relate to each other, the components included, etc.

	Via needle	Via existing cath
Nephrostogram	x1	x2
Neph tube placement	x3*	x5*
Nephroureteral tube placement	x4*	x13*
Ureteral stent- w/o neph tube	x8*	x7*
Ureteral stent- w/neph tube	x9*	x7*
** Includes nephrostogram if performed*		

Pre/Post Time

Below is a summary of the pre/post time packages selected for this family of codes. We adjusted the times down accordingly when the survey data were lower than the standard package.

PreTime Package 1A
We selected pre time package 1A straightforward patient/straightforward procedure w/o sedation for X5 *Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation.*

PreTime Package 2A
We selected pre time package 2A difficult patient/straightforward procedure w/o sedation for X2 *Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access.*

PreTime Package 2B

We selected pre time package 2b difficult patient/straightforward procedure with sedation for the remaining introduction/injection/change/removal procedures (X1, X3, X4, X13). We also selected pre time package 2b difficult patient/straightforward procedure with sedation for the ureteral stent procedures (X7, X8, X9).

PreTime Package 4

The consensus panel believes the ureter biopsy/embolization/dilation codes (X6, X11, X12) codes represent difficult patients and difficult procedures (pre-time package 4). However, this group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) so no Scrub/Dress/Wait or positioning time is recommended for these procedures. Also, because these procedures are performed with moderate sedation (not general anesthesia) we recommended pre service evaluation time equal to that of the 2B pre time package.

Post Time Package 7A

We selected post time package 7A Local anesthesia/straightforward procedures for X2 and X5.

Post Time Package 8A

We selected post time package 8A IV Sedation/ Straightforward Procedure for all the GU straightforward procedures with moderate sedation (X1, X3, X4, X13, X7, X8 and X9). Changed to be consisted with pre time above.

Post Time Package 8B

We selected post time package 8B IV Sedation/ Complex Procedure for the ureter biopsy/embolization/dilation codes (X6, X11, X12). This group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) however there would still be post time specific to these codes (i.e. operative note, monitor/stabilize, communicate with patient/family, written post-operative note and post-operative orders/order entry).

Relativity

Relativity

The consensus panel reviewed the recommendations to the reference service codes selected throughout the 12 surveyed codes and the MPCs. The panel believes the recommendations maintain relativity within (1) the new family of GU codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
MPC	12013	1.22	27	5	1	1	15	5	0.064
Reference	49450	1.36	50	20	5	5	10	10	0.054
Surveyed	X2	1.42	55	18	1	6	15	15	0.041
Reference	49451	1.84	55	20	5	5	15	10	0.068
Reference	49083	2.00	60	15	5	5	25	10	0.052
MPC	52000	2.23	42	10	2	5	15	10	0.113
Surveyed	X5	2.00	55	13	1	6	20	15	0.079
MPC	52332	2.82	56	15	1	5	25	10	0.088
Reference	49452	2.86	60	20	5	5	20	10	0.102
Reference	32557	3.12	67	13	3	6	30	15	0.079
Surveyed	X1	3.15	91	30	1	5	35	20	0.056
MPC	31628	3.8	90	10	10	10	40	20	0.071
Reference	32550	4.17	90	15	15	10	30	20	0.099
Surveyed	X13	4.20	101	30	1	5	45	20	0.067
Reference	49405	4.25	105	35	5	5	40	20	0.072
Reference	49407	4.50	110	35	5	5	45	20	0.069
Surveyed	X7	4.60	104	33	1	5	45	20	0.074
Surveyed	X3	4.70	107	33	1	5	48	20	0.072
MPC	37191	4.71	83	30	3	5	30	15	0.120
Reference	37191	4.71	83	30	3	5	30	15	0.120
Reference	37213	5.00	99	33	3	5	33	25	0.109

Surveyed	X4	5.75	119	33	1	5	60	20	0.075
Reference	36223	6.00	123	40	3	5	45	30	0.096
Reference	36247	6.29	131	33	3	5	60	30	0.080
Surveyed	X8	6.30	121	33	1	5	62	20	0.081
MPC	52352	6.75	118	33	5	15	45	20	0.118
MPC	52353	7.5	133	33	5	15	60	20	0.101
Surveyed	X9	7.55	134	33	1	5	75	20	0.084
Reference	36253	7.55	131	33	3	5	60	30	0.101
Reference	37211	8.00	138	40	3	5	60	30	0.105
Reference	37241	9.00	147	19	3	5	90	30	0.087

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
introduction injection/change/ removal	X1	3.15	91	30	1	5	35	20	0.056
	X2	1.42	55	18	1	6	15	15	0.041
	X3	4.70	107	33	1	5	48	20	0.072
	X4	5.75	119	33	1	5	60	20	0.075
	X13	4.20	101	30	1	5	45	20	0.067
	X5	2.00	55	13	1	6	20	15	0.079
ureteral stent	X7	4.60	104	33	1	5	45	20	0.074
	X8	6.30	121	33	1	5	62	20	0.081
	X9	7.55	134	33	1	5	75	20	0.084

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50398, 75984, 50393, 74480, 50394 and 74425

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency estimates are not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,800
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Best estimate available based on 2013 Medicare data, currently reported codes, new bundled coding structure and anticipated utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 50398

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50694 Tracking Number I12 Original Specialty Recommended RVU: **6.30**
Presented Recommended RVU: **6.00**
Global Period: 000 RUC Recommended RVU: **6.00**

CPT Descriptor: Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male was diagnosed with a left ureteral tumor causing mid-ureteral obstruction. Percutaneous ureteral stent placement is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 97%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 85%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed prone on the angiographic table. Moderate conscious sedation is administered.

Description of Intra-Service Work: Ultrasound is used to identify a potential tract to the left renal collecting system. The left flank is prepared and draped in sterile fashion and local anesthetic is administered. A small skin incision is made. A 21-gauge needle is inserted into the left renal pelvis through a calyceal approach. The needle placement is confirmed by injection of a small amount of contrast material under fluoroscopic guidance. These images show a more favorable approach for ureteral stent placement from a mid pole calyx. A urine sample from the renal pelvis is acquired and sent to the laboratory for analysis. A second 21-gauge needle is directly inserted into a mid-pole calyx under combined direct ultrasound and fluoroscopic guidance. Needle placement is confirmed by injection of a contrast material under fluoroscopic guidance. The needle is exchanged over wire for an intermediate introducer catheter under fluoroscopic guidance. Diagnostic nephrostogam and ureterogram images are acquired using digital spot film acquisition in multiple projections after injection of iodinated contrast material through the catheter. A hydrophilic wire is inserted, the intermediate catheter is removed and a steerable angiographic catheter is inserted. The catheter-wire combnation is manipulated through the left ureter, across the obstruction, and into the urinary bladder. The angiographic catheter is marked to measure the length of ureter from bladder to ureteropelvic junction. The appropriate length ureteral stent is selected and prepared for delivery. A sheath is inserted over the hydrophilic wire and a heavy-duty guide wire is inserted into the bladder. The sheath is removed. The parenchymal tract is serially dilated to 8 Fr. The 8 Fr double-J ureteral stent is inserted over the heavy-duty wire. The distal pigtail is formed in the bladder and the proximal pigtail is formed in the

left renal pelvis. Final position of the ureteral stent is documented with digital spot film imaging. The integrated delivery system, heavy-duty wire, and the safety hydrophilic wire are removed.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. An interim surgical procedure note is created in the permanent record. Percutaneous ureteral stent placement procedure results and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Tim Swan, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	50694		
Sample Size:	1750	**Resp N:** 33	**Response:** 1.8 %
Description of Sample:	SIR - 1000 random US, MD members ACR - 750 random, US , MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**10.00**	22.00	60.00
Survey RVW:	4.00	6.00	**6.30**	7.50	9.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	60.00	**62.00**	75.00	120.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	50694	**Recommended Physician Work RVU: 6.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**62.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49407	000	4.50	**RUC Time**

CPT Descriptor Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36247	000	6.29	**RUC Time**

CPT Descriptor Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	52,401

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.30	**RUC Time**	19,892

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 **% of respondents:** 24.2 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 21.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 50694	Top Key Reference CPT Code: 49407	2nd Key Reference CPT Code: **36247**
Median Pre-Service Time	39.00	45.00	41.00
Median Intra-Service Time	62.00	45.00	60.00
Median Immediate Post-service Time	20.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**121.00**	**110.00**	**131.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.14	-1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.14	-1.00
Urgency of medical decision making	0.14	-1.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.20	-0.25
Physical effort required	0.20	0.25
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.14	-0.75
Outcome depends on the skill and judgment of physician	0.14	0.25

Estimated risk of malpractice suit with poor outcome	0.00	-1.50

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.14	-0.75

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The Joint CPT-RUC Workgroup identified codes 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 as codes reported together (Group 7). The specialties bundled codes per the workgroup's request, and refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements. The CPT Editorial Panel deleted six CPT codes and created twelve codes to describe genitourinary catheter procedures and bundle inherent imaging services.

New GU Family

There are 12 new codes to describe genitourinary catheter procedures. These codes naturally fell into 3 subcategories (1) introduction injection/change/removal (X1, X2, X3, X4, X13 and X5), (2) ureter biospy/embolization/dilation (X6, X11, X12) and (3) ureteral stent (X7, X8 and X9). The codes were surveyed together as a family, to ensure appropriate relativity amongst all 12 codes. Below is an overview of the 12 new GU codes and how they relate to each other, the components included, etc.

	Via needle	Via existing cath
Nephrostogram	x1	x2
Neph tube placement	x3*	x5*
Nephroureteral tube placement	x4*	x13*
Ureteral stent- w/o neph tube	x8*	x7*
Ureteral stent- w/neph tube	x9*	x7*
** Includes nephrostogram if performed*		

Pre/Post Time

Below is a summary of the pre/post time packages selected for this family of codes. We adjusted the times down accordingly when the survey data were lower than the standard package.

PreTime Package 1A
We selected pre time package 1A straightforward patient/straightforward procedure w/o sedation for X5 *Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation.*

PreTime Package 2A
We selected pre time package 2A difficult patient/straightforward procedure w/o sedation for X2 *Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access.*

PreTime Package 2B

We selected pre time package 2b difficult patient/straightforward procedure with sedation for the remaining introduction/injection/change/removal procedures (X1, X3, X4, X13). We also selected pre time package 2b difficult patient/straightforward procedure with sedation for the ureteral stent procedures (X7, X8, X9).

PreTime Package 4

The consensus panel believes the ureter biopsy/embolization/dilation codes (X6, X11, X12) codes represent difficult patients and difficult procedures (pre-time package 4). However, this group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) so no Scrub/Dress/Wait or positioning time is recommended for these procedures. Also, because these procedures are performed with moderate sedation (not general anesthesia) we recommended pre service evaluation time equal to that of the 2B pre time package.

Post Time Package 7A

We selected post time package 7A Local anesthesia/straightforward procedures for X2 and X5.

Post Time Package 8A

We selected post time package 8A IV Sedation/ Straightforward Procedure for all the GU straightforward procedures with moderate sedation (X1, X3, X4, X13, X7, X8 and X9). Changed to be consisted with pre time above.

Post Time Package 8B

We selected post time package 8B IV Sedation/ Complex Procedure for the ureter biopsy/embolization/dilation codes (X6, X11, X12). This group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) however there would still be post time specific to these codes (i.e. operative note, monitor/stabilize, communicate with patient/family, written post-operative note and post-operative orders/order entry).

Relativity

The consensus panel reviewed the recommendations to the reference service codes selected throughout the 12 surveyed codes and the MPCs. The panel believes the recommendations maintain relativity within (1) the new family of GU codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
MPC	12013	1.22	27	5	1	1	15	5	0.064
Reference	49450	1.36	50	20	5	5	10	10	0.054
Surveyed	X2	1.42	55	18	1	6	15	15	0.041
Reference	49451	1.84	55	20	5	5	15	10	0.068
Reference	49083	2.00	60	15	5	5	25	10	0.052
MPC	52000	2.23	42	10	2	5	15	10	0.113
Surveyed	X5	2.00	55	13	1	6	20	15	0.079
MPC	52332	2.82	56	15	1	5	25	10	0.088
Reference	49452	2.86	60	20	5	5	20	10	0.102
Reference	32557	3.12	67	13	3	6	30	15	0.079
Surveyed	X1	3.15	91	30	1	5	35	20	0.056
MPC	31628	3.8	90	10	10	10	40	20	0.071
Reference	32550	4.17	90	15	15	10	30	20	0.099
Surveyed	X13	4.20	101	30	1	5	45	20	0.067
Reference	49405	4.25	105	35	5	5	40	20	0.072
Reference	49407	4.50	110	35	5	5	45	20	0.069
Surveyed	X7	4.60	104	33	1	5	45	20	0.074
Surveyed	X3	4.70	107	33	1	5	48	20	0.072
MPC	37191	4.71	83	30	3	5	30	15	0.120
Reference	37191	4.71	83	30	3	5	30	15	0.120
Reference	37213	5.00	99	33	3	5	33	25	0.109
Surveyed	X4	5.75	119	33	1	5	60	20	0.075

Reference	36223	6.00	123	40	3	5	45	30	0.096
Reference	36247	6.29	131	33	3	5	60	30	0.080
Surveyed	X8	6.30	121	33	1	5	62	20	0.081
MPC	52352	6.75	118	33	5	15	45	20	0.118
MPC	52353	7.5	133	33	5	15	60	20	0.101
Surveyed	X9	7.55	134	33	1	5	75	20	0.084
Reference	36253	7.55	131	33	3	5	60	30	0.101
Reference	37211	8.00	138	40	3	5	60	30	0.105
Reference	37241	9.00	147	19	3	5	90	30	0.087

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
introduction injection/change/ removal	X1	3.15	91	30	1	5	35	20	0.056
	X2	1.42	55	18	1	6	15	15	0.041
	X3	4.70	107	33	1	5	48	20	0.072
	X4	5.75	119	33	1	5	60	20	0.075
	X13	4.20	101	30	1	5	45	20	0.067
	X5	2.00	55	13	1	6	20	15	0.079
ureteral stent	X7	4.60	104	33	1	5	45	20	0.074
	X8	6.30	121	33	1	5	62	20	0.081
	X9	7.55	134	33	1	5	75	20	0.084

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50393, 74480, 50390, 74425 and 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency estimates are not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Best estimate available based on 2013 Medicare data, currently reported codes, new bundled coding structure and anticipated utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 50393

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50695 Tracking Number I13 Original Specialty Recommended RVU: **7.55**
Presented Recommended RVU: **7.55**
Global Period: 000 RUC Recommended RVU: **7.55**

CPT Descriptor: Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 71-year-old female was diagnosed with a right ureteral stricture secondary to prior radiation therapy for a retroperitoneal tumor. There is mid-ureteral obstruction secondary to this stricture. Percutaneous ureteral stent and nephrostomy catheter placement is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 97%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 85%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed prone on the angiographic table. Moderate conscious sedation is administered.

Description of Intra-Service Work: Ultrasound is used to identify a potential tract to the right renal collecting system. The right flank is prepared and draped in sterile fashion and local anesthetic is administered. A small skin incision is made. A 21-gauge needle is inserted into the right renal pelvis through a calyceal approach. The needle placement is confirmed by injection of a small amount of contrast material under fluoroscopic guidance. These images show a more favorable approach for ureteral stent placement from a mid pole calyx. A urine sample from the renal pelvis is acquired and sent to the laboratory for analysis. A second 21-gauge needle is directly inserted into a mid-pole calyx under combined direct ultrasound and fluoroscopic guidance. Needle placement is confirmed by injection of a contrast material under fluoroscopic guidance. The needle is exchanged over wire for an intermediate introducer catheter under fluoroscopic guidance. Diagnostic nephrostogam and ureterogram images are acquired using digital spot film acquisition in multiple projections after injection of iodinated contrast material through the catheter. A hydrophilic wire is inserted, the intermediate catheter is removed and a steerable angiographic catheter is inserted. The catheter-wire combnation is manipulated through the left ureter, across the obstruction, and into the urinary bladder. The angiographic catheter is marked to measure the length of ureter from bladder to ureteropelvic junction. The appropriate length ureteral stent is selected and prepared for delivery. A sheath is inserted over the hydrophilic wire and a heavy-duty guide wire is inserted into the bladder. The sheath is removed. The parenchymal tract is serially dilated to 8 Fr. The 8 Fr double-J ureteral stent

is inserted over the heavy-duty wire. The distal pigtail is formed in the bladder and the proximal pigtail is formed in the left renal pelvis. Final position of the ureteral stent is documented with digital spot film imaging. The safety wire is removed. The integrated delivery system is exchanged over the heavy-duty wire for an 8 Fr nephrostomy tube. The heavy-duty wire is removed. Completion imaging is performed through the nephrostomy tube. The nephrostomy tube is anchored in position with a percu-stay device.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. An interim surgical procedure note is created in the permanent record. Percutaneous ureteral stent/nephrostomy tube placement procedure results and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Tim Swan, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	50695		
Sample Size:	1750	**Resp N:** 33	**Response:** 1.8 %
Description of Sample:	SIR - 1000 random US, MD members ACR - 750 random, US , MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**10.00**	30.00	70.00
Survey RVW:	4.20	6.00	**7.55**	8.20	9.50
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	70.00	**75.00**	90.00	105.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	50695	**Recommended Physician Work RVU: 7.55**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36247	000	6.29	**RUC Time**

CPT Descriptor Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37211	000	8.00	**RUC Time**

CPT Descriptor Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,892

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	48,928

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 5 **% of respondents:** 15.1 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 15.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 50695	Top Key Reference CPT Code: 36247	2nd Key Reference CPT Code: **37211**
Median Pre-Service Time	39.00	41.00	48.00
Median Intra-Service Time	75.00	60.00	60.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**134.00**	**131.00**	**138.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.60	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.60	0.60
Urgency of medical decision making	-0.60	0.80
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.40	1.00
Physical effort required	0.40	1.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	-0.20	1.00
Outcome depends on the skill and judgment of physician	0.50	1.00

Estimated risk of malpractice suit with poor outcome	-0.50	1.00

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	-1.33	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The Joint CPT-RUC Workgroup identified codes 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 as codes reported together (Group 7). The specialties bundled codes per the workgroup's request, and refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements. The CPT Editorial Panel deleted six CPT codes and created twelve codes to describe genitourinary catheter procedures and bundle inherent imaging services.

New GU Family

There are 12 new codes to describe genitourinary catheter procedures. These codes naturally fell into 3 subcategories (1) introduction injection/change/removal (X1, X2, X3, X4, X13 and X5), (2) ureter biospy/embolization/dilation (X6, X11, X12) and (3) ureteral stent (X7, X8 and X9). The codes were surveyed together as a family, to ensure appropriate relativity amongst all 12 codes. Below is an overview of the 12 new GU codes and how they relate to each other, the components included, etc.

	Via needle	Via existing cath
Nephrostogram	x1	x2
Neph tube placement	x3*	x5*
Nephroureteral tube placement	x4*	x13*
Ureteral stent- w/o neph tube	x8*	x7*
Ureteral stent- w/neph tube	x9*	x7*
** Includes nephrostogram if performed*		

Pre/Post Time

Below is a summary of the pre/post time packages selected for this family of codes. We adjusted the times down accordingly when the survey data were lower than the standard package.

PreTime Package 1A
We selected pre time package 1A straightforward patient/straightforward procedure w/o sedation for X5 *Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation.*

PreTime Package 2A
We selected pre time package 2A difficult patient/straightforward procedure w/o sedation for X2 *Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access.*

PreTime Package 2B

We selected pre time package 2b difficult patient/straightforward procedure with sedation for the remaining introduction/injection/change/removal procedures (X1, X3, X4, X13). We also selected pre time package 2b difficult patient/straightforward procedure with sedation for the ureteral stent procedures (X7, X8, X9).

PreTime Package 4

The consensus panel believes the ureter biopsy/embolization/dilation codes (X6, X11, X12) codes represent difficult patients and difficult procedures (pre-time package 4). However, this group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) so no Scrub/Dress/Wait or positioning time is recommended for these procedures. Also, because these procedures are performed with moderate sedation (not general anesthesia) we recommended pre service evaluation time equal to that of the 2B pre time package.

Post Time Package 7A

We selected post time package 7A Local anesthesia/straightforward procedures for X2 and X5.

Post Time Package 8A

We selected post time package 8A IV Sedation/ Straightforward Procedure for all the GU straightforward procedures with moderate sedation (X1, X3, X4, X13, X7, X8 and X9). Changed to be consisted with pre time above.

Post Time Package 8B

We selected post time package 8B IV Sedation/ Complex Procedure for the ureter biopsy/embolization/dilation codes (X6, X11, X12). This group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) however there would still be post time specific to these codes (i.e. operative note, monitor/stabilize, communicate with patient/family, written post-operative note and post-operative orders/order entry).

Relativity

The consensus panel reviewed the recommendations to the reference service codes selected throughout the 12 surveyed codes and the MPCs. The panel believes the recommendations maintain relativity within (1) the new family of GU codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
MPC	12013	1.22	27	5	1	1	15	5	0.064
Reference	49450	1.36	50	20	5	5	10	10	0.054
Surveyed	X2	1.42	55	18	1	6	15	15	0.041
Reference	49451	1.84	55	20	5	5	15	10	0.068
Reference	49083	2.00	60	15	5	5	25	10	0.052
MPC	52000	2.23	42	10	2	5	15	10	0.113
Surveyed	X5	2.00	55	13	1	6	20	15	0.079
MPC	52332	2.82	56	15	1	5	25	10	0.088
Reference	49452	2.86	60	20	5	5	20	10	0.102
Reference	32557	3.12	67	13	3	6	30	15	0.079
Surveyed	X1	3.15	91	30	1	5	35	20	0.056
MPC	31628	3.8	90	10	10	10	40	20	0.071
Reference	32550	4.17	90	15	15	10	30	20	0.099
Surveyed	X13	4.20	101	30	1	5	45	20	0.067
Reference	49405	4.25	105	35	5	5	40	20	0.072
Reference	49407	4.50	110	35	5	5	45	20	0.069
Surveyed	X7	4.60	104	33	1	5	45	20	0.074
Surveyed	X3	4.70	107	33	1	5	48	20	0.072
MPC	37191	4.71	83	30	3	5	30	15	0.120
Reference	37191	4.71	83	30	3	5	30	15	0.120
Reference	37213	5.00	99	33	3	5	33	25	0.109
Surveyed	X4	5.75	119	33	1	5	60	20	0.075

Reference	36223	6.00	123	40	3	5	45	30	0.096
Reference	36247	6.29	131	33	3	5	60	30	0.080
Surveyed	X8	6.30	121	33	1	5	62	20	0.081
MPC	52352	6.75	118	33	5	15	45	20	0.118
MPC	52353	7.5	133	33	5	15	60	20	0.101
Surveyed	X9	7.55	134	33	1	5	75	20	0.084
Reference	36253	7.55	131	33	3	5	60	30	0.101
Reference	37211	8.00	138	40	3	5	60	30	0.105
Reference	37241	9.00	147	19	3	5	90	30	0.087

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
introduction injection/change/ removal	X1	3.15	91	30	1	5	35	20	0.056
	X2	1.42	55	18	1	6	15	15	0.041
	X3	4.70	107	33	1	5	48	20	0.072
	X4	5.75	119	33	1	5	60	20	0.075
	X13	4.20	101	30	1	5	45	20	0.067
	X5	2.00	55	13	1	6	20	15	0.079
ureteral stent	X7	4.60	104	33	1	5	45	20	0.074
	X8	6.30	121	33	1	5	62	20	0.081
	X9	7.55	134	33	1	5	75	20	0.084

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50393, 74480, 50392, 74475, 50390 and 74425

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency estimates are not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,800
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Best estimate available based on 2013 Medicare data, currently reported codes, new bundled coding structure and anticipated utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 50393

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Genitourinary Catheter Procedures

TAB: 9

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	9	0.079			3.12			67	13	3	6			30			15					
REF2	49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen,	7	0.072			4.25			105	35	5	5			40			20					
CURRENT	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		0.025			1.96			83	24					38			21					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	45	0.074	1.84	3.15	4.00	4.75	8.00	105	30	10	10	10	30	35	50	60	20	0	3	10	25	80
REC				0.056			3.15			91	30	1	5			35			20					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	49450	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen,	15	0.072			4.25			105	35	5	5			40			20					
REF2	49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	6	0.052			2.00			60	15	5	5			25			10					
CURRENT	50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or		0.006			0.76			48	16					19			13					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
SVY	50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	45	0.064	1.10	1.42	2.00	3.00	5.00	67.5	17.5	10	10	5	10	15	29	60	15	0	10	23	40	150
REC				0.041			1.42			55	18	1	6			15			15					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or	9	0.069			4.50			110	35	5	5			45			20					
REF2	49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen,	8	0.072			4.25			105	35	5	5			40			20					
CURRENT	50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous		0.062			3.37			87	27					36			24					
CURRENT	74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation		0.045			0.54			12						12								
CURRENT	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		0.025			1.96			83	24					38			21					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	45	0.074	2.86	4.70	5.10	6.33	8.50	123	35	10	10	15	30	48	60	90	20	0	15	20	40	90
REC				0.072			4.70			107	33	1	5			48			20					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and	9	0.120			4.71			83	30	3	5			30			15					
REF2	37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation,	8	0.105			8.00			138	40	3	5			60			30					
CURRENT	50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous		0.058			4.15			102	27					52			23					
CURRENT	74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and		0.045			0.54			12						12								
CURRENT	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		0.025			1.96			83	24					38			21					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access	46	0.078	1.00	5.00	6.20	8.00	11.23	135	35	10	10	20	46	60	75	120	20	0	5	15	29	140
REC				0.075			5.75			119	33	1	5			60			20					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	6	0.102			2.86			60	20	5	5			20			10					
REF2	36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for	6	0.101			7.55			131	33	3	5			60			30					
CURRENT	50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous		0.058			4.15			102	27					52			23					
CURRENT	74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and		0.045			0.54			12						12								
CURRENT	50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or		0.006			0.76			48	16					19			13					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
SVY	50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract	45	0.068	2.45	4.20	4.50	6.00	9.00	115	30	10	10	15	30	45	60	90	20	0	10	15	20	60
REC				0.067			4.20			101	30	1	5			45			20					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	16	0.102			2.86			60	20	5	5			20			10					
REF2	49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation	8	0.068			1.84			55	20	5	5			15			10					
CURRENT	50398	Change of nephrostomy or pyelostomy tube		0.040			1.46			49	14					21			14					
CURRENT	75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and		0.048			0.72			15						15								
CURRENT	50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or		0.006			0.76			48	16					19			13					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
SVY	50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	44	0.093	1.40	2.00	2.95	4.20	7.00	75	20	10	10	5	15	20	30	70	15	0	12	27	44	150
REC				0.065			2.00			55	13	1	6			20			15					

Tabs #7 and #9
Tab Number

Intravascular Ultrasound
Genitourinary Catheter Procedures
Issue

372X1, 372X2
5039X1-4, 5039X13, 5039X5, 506XX6, 507XX11, 507XX12 and 5069X7-X9
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Gerald Niedzwiecki, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

January 5, 2015
Date

CPT Code: 50430-50435, 50606, 50693-5, 50705-6
Specialty Societies: SIR and ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Period: 000 **Meeting Date:** January 2015

CPT Long Descriptors:

CPT Code	CPT Descriptor
50430	*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access*
50431	*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access*
50432	*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50433	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access*
50434	*Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract*
50435	*Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50606	*Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50705	*Ureteral embolization or occlusion, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50706	*Balloon dilation, ureteral stricture, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50693	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract*
50694	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter*
50695	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter*

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

SIR and ACR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these newly created CPT codes.

CPT Codes X6, X11 and X12 will be included on the modifier 51/exempt list. As such, we have made recommendations taking this into account and backed out time for several pre/post service period activities. We would ask that a note be included in the RUC database that explains this and that these codes should not be used as PE crosswalks in the future (or non exempt codes).

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT code 50387 *Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation* was included as a reference code. The direct practice expenses for CPT codes currently reported to describe these new procedures, (when priced in an office) were also included on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

The specialty societies are requesting additional 'clean room' time for X3, X4, X13, X5, X7, X8 and X9. These procedures generate external fluids, which require additional cleaning time. The clinical staff also needs time to clean the imaging equipment (in addition to the standard time to clean the angio room/equipment).

The specialty societies are recommending intra service/assist physician in performing procedure time based on the PE/RUC approved interventional procedure convention. That includes a scrubbed rad tech hip/hip assisting the MD, a rad tech doing the imaging (75%), a nurse blend circulator (25%) and a nurse to assist with sedation.

The specialty societies are recommending post procedure monitoring times consistent with the moderate sedation monitoring time workgroup recommendations. More specifically, the consensus panel is recommending four hours of post procedure monitoring for high-risk procedures (i.e. puncture of solid organ) for X1, X3, X4, X13, X7, X8 and X9. Consistent with the workgroup recommendations, we are requesting 15 minutes of RN time per hour (not blend).

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The specialty societies are requesting time to complete diagnostic forms for X3, X4, X13, X5, X7, X8 and X9. Specimens are generated to be sent to the laboratory for microbiology/pathology.

5. Please describe in detail the clinical activities of your staff:

CPT Code: 50430-50435, 50606, 50693-5, 50705-6
Specialty Societies: SIR and ACR

Pre-Service Clinical Labor Activities:
Availability of prior images confirmed and reviewed
Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:
Prepare room, equipment, supplies
Patient is greeted, gowned and escorted into procedure room
Prepare and position patient prone on table / obtain vitals / set up IV / monitor patient
Sterile prep performed and draping of target site
Nurse administers conscious sedation *(excluding X2 and X5)*
Assist physician in performing procedure
Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation
Clean room/equipment by physician staff
Complete diagnostic forms, lab & X-ray requisitions
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions
Technologist QC's images in PACS, checking for all images, and dose page
Review examination with interpreting MD
Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:
Conduct phone calls/call in prescriptions

CPT Code: 50430-50435, 50606, 50693-5, 50705-6
Specialty Societies: SIR and ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

Global Period: 000 **Meeting Date:** January 2015

CPT Long Descriptors:

CPT Code	CPT Descriptor
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50432	*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50433	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access*
50434	*Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract*
50435	*Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50606	*Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
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50706	*Balloon dilation, ureteral stricture, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
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50694	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter*
50695	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter*

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

SIR and ACR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these newly created CPT codes.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT code 50387 *Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation* was included as a reference code. The direct practice expenses for CPT codes currently reported to describe these new procedures, (when priced in an office) were also included on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are including pre service minutes for various activities in these 000 codes. They are required/necessary steps for these new GU procedures.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent
- Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED AT MEETING**			**REFERENCE CODE**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50387**		**50430 ndl gram**		**50431 cath gram**		**50432 place neph**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation*		*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access*		*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access*		*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**74**	**0**	**205**	**30**	**83**	**30**	**250**	**30**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**6**	**0**	**7**	**30**	**7**	**30**	**7**	**30**
8		*L037D*	*RN/LPN/MTA*	*3*	*0*	*3*	*30*	*3*	*30*	*3*	*30*
9		*L041B*	*RadTech*	*3*	*0*	*4*		*4*		*4*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**RedTech**	**65**	**0**	**195**	**0**	**73**	**0**	**240**	**0**
11		*L037D*	*RN/LPN/MTA*	*8*	*0*	*25*		*35*		*31*	
12		*L041B*	*RadTech*	*22*	*0*	*73*		*38*		*99*	
13		*L051A*	*RN*	*35*	*0*	*97*		*0*		*110*	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
15	**PRE-SERVICE**										
16	**Start: Following visit when decision for surgery or procedure made**										
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3		3	5	3	5	3	5
18	Coordinate pre-surgery services	L037D	RN/LPN/MTA				10		10		10
19	Schedule space and equipment in facility	L037D	RN/LPN/MTA				5		5		5
20	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				7		7		7
21	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA				3		3		3
22	Availability of prior images confirmed	L041B	RadTech	3		2		2		2	
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech			2		2		2	
24	*Other Clinical Activity - *specify:*										
25	**End: When patient enters office/facility for surgery/procedure**										
26	**SERVICE PERIOD**										
27	**Start: When patient enters office/facility for surgery/procedure:**										
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			3		3		3	
29	Obtain vital signs	L037D	RN/LPN/MTA			5		5		5	
30	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5		5		5	
31	Prepare room, equipment, supplies	L041B	RT	2		2		2		2	
32	Setup scope (non facility setting only)										
33	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	2		2		2		2	
34	Sedate/apply anesthesia	L051A	RN	2		2				2	
35	*Other Clinical Activity - specify:										
36	**Intra-service**										
37	Assist Physician in Performing Procedure (CS)	L051A	RN	18		35				48	
38	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA					15			
39	Assist Physician in Performing Procedure	L041B	RT			35		15		48	
40	Acquire images (75%)	L041B	RT	14		26		11		36	
41	Circulator (25%)	L037D	RN/LPN/MTA			9		4		12	
42	**Post-Service**										
43	Monitor pt. following moderate sedation	L051A	RN	15		15				15	
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN			45				45	
45	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA								
46	Clean room/equipment by physician staff	L041B	RT	2		3		3		6	
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA							3	
50	Review/read X-ray, lab, and pathology reports										
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3		3		3	
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	2		2		2		2	
53	Review examination with interpreting MD	L041B	RT			2		2		2	
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT			1		1		1	
55	*Other Clinical Activity - *specify:*										
56	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		n/a		n/a		n/a	
57	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		n/a		n/a		n/a	
58	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		n/a		n/a		n/a	
59	**End: Patient leaves office**										

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED AT MEETING**			**REFERENCE CODE**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50387**		**50430 ndl gram**		**50431 cath gram**		**50432 place neph**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation*		*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access*		*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access*		*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
60	**POST-SERVICE Period**										
61	**Start: Patient leaves office/facility**										
62	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3		3		3		3	
70	*Other Clinical Activity - *specify:*										
71	**End: with last office visit before end of global period**										
72	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
73	pack, minimum multi-specialty visit	SA048	pack			1		1		1	
74	pack, conscious sedation	SA044	pack	1		1				1	
75	**Catheter, balloon, PTA**	**SD152**	**item**								
76	**Stent, ureteral, without guidewire**	**SD218**	**item**								
77	**Non-detachable embolization coil**	**SF057**	**item**								
78	**Nephroureteral Catheter**	**NEW**	**item**								
79	kit, iv starter	SA019	kit			1		1		1	
80	kit, suture removal	SA031	kit	1							
81	pack, cleaning and disinfecting, endoscope	SA042	pack			1		1		1	
82	tray, shave prep	SA067	tray	1		1		1		1	
83	kit, AccuStick II Introducer System with RO Marker	SA071	kit			1				1	
84	cap, surgical	SB001	item	2		4		4		4	
85	cover-condom, transducer or ultrasound probe	SB005	item			1				1	
86	drape, sterile, femoral	SB009	item			1				1	
87	drape, sterile, fenestrated 16in x 29in	SB011	item	1				1			
88	drape-towel, sterile 18inx26in	SB019	item	2		2		2		2	
89	gloves, non-sterile	SB022	pair			2		2		2	
90	gloves, sterile	SB024	pair	2		2		2		2	
91	gown, surgical, sterile	SB028	item	2		2		2		2	
92	mask, surgical	SB033	item			2		2		2	
93	mask, surgical, with face shield	SB034	item	2		2		2		2	
94	shoe covers, surgical	SB039	pair	2		4		4		4	
95	underpad 2ftx3ft (Chux)	SB044	item	1		1		1		1	
96	closed flush system, angiography	SC010	item	1		1		1		1	
97	needle 18-27g	SC029	item								
98	needle, Chiba	SC035	item							1	
99	3 way stop cock (for irrigation)	SC049	item	1		1		1		1	
100	syringe 10-12ml	SC051	item			2		2		2	
101	syringe 60ml (for irrigation)	SC056	item	2		2		2		2	
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2		2		2		2	
103	brush, ureteral	SD008	item								
104	dilator, vessel, angiographic	SD043	item							2	
105	guidewire	SD088	item	1							
106	guidewire, hydrophilic	SD089	item							1	
107	guidewire, STIFF	SD090	item							1	
108	percutaneous catheter fastener (Percu-Stay)	SD146	item	1						1	
109	catheter, (Glide)	SD147	item								
110	catheter, balloon inflation device	SD149	item								
111	drainage catheter, all purpose	SD161	item	1						1	
112	pouch, nephrostomy-biliary drainage	SD163	item	1						1	
113	guidewire bowl w-lid, sterile	SD171	item							1	
114	introducer sheath, Ansel [45 cm 6 Fr Ansel]	SD250	item								
115	blade, surgical (Bard-Parker)	SF007	item							1	
116	applicator, sponge-tipped	SG009	item	4		4				4	
117	gauze, sterile 4in x 4in	SG055	item	6		6				6	
118	tape, surgical paper 1in (Micropore)	SG079	item	12		12				12	
119	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10				10	
120	sodium chloride 0.9% flush syringe	SH065	item	2		2				2	
121	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1				1	
122	povidone soln (Betadine)	SJ041	ml	60		60				60	
123	cup, biopsy-specimen sterile 4oz	SL036	item							1	
124	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1		1		1		1	
125	computer media, dvd	SK013	item	1							
126	film, x-ray 14inx17in	SK034	item	1							
127	x-ray developer solution	SK089	oz	0.5							
128	x-ray envelope	SK091	item	1							
129	x-ray fixer solution	SK092	oz	0.5							
130	film, x-ray, laser print	Sk098	item								
131											
132	**EQUIPMENT**	**CODE**									
133	angiographic room	EL011		35		44		22		60	
134	table, exam	EF023									
135	fiberscope, flexible, cystoscopy, with light source	ES019									
136	light, exam	EQ168		60		44		22		60	
137	table, instrument, mobile	EF027		80		284		22		300	
138	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		80		284				300	
139	IV infusion pump	EQ032		80		284				300	
140	PACS Workstation Proxy	ED050				**58**		**21**		**71**	
141	film processor, dry, laser	ED024		3							
142	film alternator	ER029		3							
143	portable ultrasound	EQ250				44				60	

	A	B	C	L	M	N	O	P	Q	R	S
1	**REVISED AT MEETING**			**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50433 place neph-u**		**50434 convert to neph-u**		**50435 xchng neph**		**50606 bx**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access*		*Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-*		*Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**286**	**30**	**241**	**30**	**119**	**30**	**143**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**7**	**30**	**7**	**30**	**7**	**30**	**0**	**0**
8		*L037D*	*RN/LPN/MTA*	*3*	*30*	*3*	*30*	*3*	*30*	*0*	*0*
9		*L041B*	*RadTech*	*4*		*4*		*4*		*0*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**RedTech**	**276**	**0**	**231**	**0**	**109**	**0**	**143**	**0**
11		*L037D*	*RN/LPN/MTA*	*34*		*30*		*59*		*13*	
12		*L041B*	*RadTech*	*120*		*94*		*50*		*85*	
13		*L051A*	*RN*	*122*		*107*		*0*		*45*	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3**	**0**	**3**	**0**	**3**	**0**	**0**	**0**
15	**PRE-SERVICE**										
16	**Start: Following visit when decision for surgery or procedure made**										
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	5	3	5	3	5		
18	Coordinate pre-surgery services	L037D	RN/LPN/MTA		10		10		10		
19	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5		5		
20	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		7		7		7		
21	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3		3		3		
22	Availability of prior images confirmed	L041B	RadTech	2		2		2			
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech	2		2		2			
24	*Other Clinical Activity - *specify:*										
25	**End: When patient enters office/facility for surgery/procedure**										
26	**SERVICE PERIOD**										
27	**Start: When patient enters office/facility for surgery/procedure:**										
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3			
29	Obtain vital signs	L037D	RN/LPN/MTA	5		5		5			
30	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5		5		2	
31	Prepare room, equipment, supplies	L041B	RT	2		2		2		1	
32	Setup scope (non facility setting only)										
33	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	2		2		2		1	
34	Sedate/apply anesthesia	L051A	RN	2		2					
35	*Other Clinical Activity - specify:										
36	**Intra-service**										
37	Assist Physician in Performing Procedure (CS)	L051A	RN	60		45				45	
38	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA					20			
39	Assist Physician in Performing Procedure	L041B	RT	60		45		20		45	
40	Acquire images (75%)	L041B	RT	45		34		15		34	
41	Circulator (25%)	L037D	RN/LPN/MTA	15		11		5		11	
42	**Post-Service**										
43	Monitor pt. following moderate sedation	L051A	RN	15		15					
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN	45		45					
45	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA					15			
46	Clean room/equipment by physician staff	L041B	RT	6		6		6			
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3		3			
50	Review/read X-ray, lab, and pathology reports										
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3		3			
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	2		2		2		1	
53	Review examination with interpreting MD	L041B	RT	2		2		2		2	
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT	1		1		1		1	
55	*Other Clinical Activity - *specify:*										
56	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a	
57	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a	
58	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
59	**End: Patient leaves office**										

	A	B	C	L	M	N	O	P	Q	R	S
1	**REVISED AT MEETING**			**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50433** **place neph-u**		**50434** **convert to neph-u**		**50435** **xchng neph**		**50606** **bx**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access*		*Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-*		*Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
60	**POST-SERVICE Period**										
61	**Start: Patient leaves office/facility**										
62	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3		3		3			
70	*Other Clinical Activity - *specify:*										
71	**End: with last office visit before end of global period**										
72	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
73	pack, minimum multi-specialty visit	SA048	pack	1		1		1			
74	pack, conscious sedation	SA044	pack	1		1					
75	**Catheter, balloon, PTA**	**SD152**	**item**								
76	**Stent, ureteral, without guidewire**	**SD218**	**item**								
77	**Non-detachable embolization coil**	**SF057**	**item**								
78	**Nephroureteral Catheter**	**NEW**	**item**	**1**		**1**					
79	kit, iv starter	SA019	kit	1		1		1			
80	kit, suture removal	SA031	kit			1		1			
81	pack, cleaning and disinfecting, endoscope	SA042	pack	1		1		1			
82	tray, shave prep	SA067	tray	1		1		1			
83	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1							
84	cap, surgical	SB001	item	4		4		4			
85	cover-condom, transducer or ultrasound probe	SB005	item	1							
86	drape, sterile, femoral	SB009	item	1		1		1			
87	drape, sterile, fenestrated 16in x 29in	SB011	item								
88	drape-towel, sterile 18inx26in	SB019	item	2		2		2			
89	gloves, non-sterile	SB022	pair	2		2		2			
90	gloves, sterile	SB024	pair	2		2		2			
91	gown, surgical, sterile	SB028	item	2		2		2			
92	mask, surgical	SB033	item	2		2		2			
93	mask, surgical, with face shield	SB034	item	2		2		2			
94	shoe covers, surgical	SB039	pair	4		4		4			
95	underpad 2ftx3ft (Chux)	SB044	item	1		1		1			
96	closed flush system, angiography	SC010	item	1		1		1			
97	needle 18-27g	SC029	item								
98	needle, Chiba	SC035	item	1							
99	3 way stop cock (for irrigation)	SC049	item	1		1		1			
100	syringe 10-12ml	SC051	item	2		2		2			
101	syringe 60ml (for irrigation)	SC056	item	2		2		2			
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2		2		2			
103	brush, ureteral	SD008	item							1	
104	dilator, vessel, angiographic	SD043	item	2							
105	guidewire	SD088	item								
106	guidewire, hydrophilic	SD089	item	1		1					
107	guidewire, STIFF	SD090	item	1		1		1			
108	percutaneous catheter fastener (Percu-Stay)	SD146	item	1		1		1			
109	catheter, (Glide)	SD147	item	1		1		1		1	
110	catheter, balloon inflation device	SD149	item								
111	drainage catheter, all purpose	SD161	item	1		1		1			
112	pouch, nephrostomy-biliary drainage	SD163	item	1		1		1			
113	guidewire bowl w-lid, sterile	SD171	item	1		1		1			
114	introducer sheath, Ansel [45 cm 6 Fr Ansel]	SD250	item							1	
115	blade, surgical (Bard-Parker)	SF007	item	1							
116	applicator, sponge-tipped	SG009	item	4		4		4			
117	gauze, sterile 4in x 4in	SG055	item	6		6		6			
118	tape, surgical paper 1in (Micropore)	SG079	item	12		12		12			
119	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10		10			
120	sodium chloride 0.9% flush syringe	SH065	item	2		2		2			
121	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1		1			
122	povidone soln (Betadine)	SJ041	ml	60		60		60			
123	cup, biopsy-specimen sterile 4oz	SL036	item	1						1	
124	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1		1		1			
125	computer media, dvd	SK013	item								
126	film, x-ray 14inx17in	SK034	item								
127	x-ray developer solution	SK089	oz								
128	x-ray envelope	SK091	item								
129	x-ray fixer solution	SK092	oz								
130	film, x-ray, laser print	Sk098	item								
131											
132	**EQUIPMENT**	**CODE**									
133	angiographic room	EL011		72		57		30		47	
134	table, exam	EF023									
135	fiberscope, flexible, cystoscopy, with light source	ES019									
136	light, exam	EQ168		72		57		30		47	
137	table, instrument, mobile	EF027		312		297		90		47	
138	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		312		297				47	
139	IV infusion pump	EQ032		312		297				47	
140	PACS Workstation Proxy	ED050		**83**		**68**		**21**		**53**	
141	film processor, dry, laser	ED024									
142	film alternator	ER029									
143	portable ultrasound	EQ250		72							

	A	B	C	T	U	V	W	X	Y	Z	AA
1	**REVISED AT MEETING**			**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50705 embo**		**50706 dilation**		**50693 place ureteral exist**		**50694 place ureteral new w/o tube**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Ureteral embolization or occlusion, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Balloon dilation, ureteral stricture, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract*		*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**203**	**0**	**188**	**0**	**241**	**30**	**292**	**30**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**7**	**30**	**7**	**30**
8		*L037D*	*RN/LPN/MTA*	*0*	*0*	*0*	*0*	*3*	*30*	*3*	*30*
9		*L041B*	*RadTech*	*0*		*0*		*4*		*4*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**RedTech**	**203**	**0**	**188**	**0**	**231**	**0**	**282**	**0**
11		*L037D*	*RN/LPN/MTA*	*18*		*17*		*30*		*35*	
12		*L041B*	*RadTech*	*120*		*111*		*94*		*124*	
13		*L051A*	*RN*	*65*		*60*		*107*		*124*	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**0**	**0**	**0**	**3**	**0**	**3**	**0**
15	**PRE-SERVICE**										
16	**Start: Following visit when decision for surgery or procedure made**										
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA					3	5	3	5
18	Coordinate pre-surgery services	L037D	RN/LPN/MTA						10		10
19	Schedule space and equipment in facility	L037D	RN/LPN/MTA						5		5
20	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA						7		7
21	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA						3		3
22	Availability of prior images confirmed	L041B	RadTech					2		2	
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech					2		2	
24	*Other Clinical Activity - *specify:*										
25	**End: When patient enters office/facility for surgery/procedure**										
26	**SERVICE PERIOD**										
27	**Start: When patient enters office/facility for surgery/procedure:**										
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA					3		3	
29	Obtain vital signs	L037D	RN/LPN/MTA					5		5	
30	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	2		2		5		5	
31	Prepare room, equipment, supplies	L041B	RT	1		1		2		2	
32	Setup scope (non facility setting only)										
33	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	1		1		2		2	
34	Sedate/apply anesthesia	L051A	RN					2		2	
35	*Other Clinical Activity - specify:										
36	**Intra-service**										
37	Assist Physician in Performing Procedure (CS)	L051A	RN	65		60		45		62	
38	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA								
39	Assist Physician in Performing Procedure	L041B	RT	65		60		45		62	
40	Acquire images (75%)	L041B	RT	49		45		34		47	
41	Circulator (25%)	L037D	RN/LPN/MTA	16		15		11		16	
42	**Post-Service**										
43	Monitor pt. following moderate sedation	L051A	RN					15		15	
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN					45		45	
45	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA								
46	Clean room/equipment by physician staff	L041B	RT					6		6	
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA					3		3	
50	Review/read X-ray, lab, and pathology reports										
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA					3		3	
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	1		1		2		2	
53	Review examination with interpreting MD	L041B	RT	2		2		2		2	
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT	1		1		1		1	
55	*Other Clinical Activity - *specify:*										
56	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a	
57	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a	
58	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
59	**End: Patient leaves office**										

	A	B	C	T	U	V	W	X	Y	Z	AA
1	**REVISED AT MEETING**			**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50705 embo**		**50706 dilation**		**50693 place ureteral exist**		**50694 place ureteral new w/o tube**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Ureteral embolization or occlusion, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Balloon dilation, ureteral stricture, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract*		*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
60	**POST-SERVICE Period**										
61	**Start: Patient leaves office/facility**										
62	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA					3		3	
70	*Other Clinical Activity - *specify:*										
71	**End: with last office visit before end of global period**										
72	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
73	pack, minimum multi-specialty visit	SA048	pack					1		1	
74	pack, conscious sedation	SA044	pack					1		1	
75	**Catheter, balloon, PTA**	**SD152**	**item**			1					
76	**Stent, ureteral, without guidewire**	**SD218**	**item**					**1**		**1**	
77	**Non-detachable embolization coil**	**SF057**	**item**	**6**							
78	**Nephroureteral Catheter**	**NEW**	**item**								
79	kit, iv starter	SA019	kit					1		1	
80	kit, suture removal	SA031	kit					1			
81	pack, cleaning and disinfecting, endoscope	SA042	pack					1		1	
82	tray, shave prep	SA067	tray					1		1	
83	kit, AccuStick II Introducer System with RO Marker	SA071	kit							1	
84	cap, surgical	SB001	item					4		4	
85	cover-condom, transducer or ultrasound probe	SB005	item							1	
86	drape, sterile, femoral	SB009	item					1		1	
87	drape, sterile, fenestrated 16in x 29in	SB011	item								
88	drape-towel, sterile 18inx26in	SB019	item					2		2	
89	gloves, non-sterile	SB022	pair					2		2	
90	gloves, sterile	SB024	pair					2		2	
91	gown, surgical, sterile	SB028	item					2		2	
92	mask, surgical	SB033	item					2		2	
93	mask, surgical, with face shield	SB034	item					2		2	
94	shoe covers, surgical	SB039	pair					4		4	
95	underpad 2ftx3ft (Chux)	SB044	item					1		1	
96	closed flush system, angiography	SC010	item					1		1	
97	needle 18-27g	SC029	item								
98	needle, Chiba	SC035	item							1	
99	3 way stop cock (for irrigation)	SC049	item					1		1	
100	syringe 10-12ml	SC051	item					2		2	
101	syringe 60ml (for irrigation)	SC056	item					2		2	
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item					2		2	
103	brush, ureteral	SD008	item								
104	dilator, vessel, angiographic	SD043	item							2	
105	guidewire	SD088	item								
106	guidewire, hydrophilic	SD089	item					1		1	
107	guidewire, STIFF	SD090	item					1		1	
108	percutaneous catheter fastener (Percu-Stay)	SD146	item					1			
109	catheter, (Glide)	SD147	item	1		1		1		1	
110	catheter, balloon inflation device	SD149	item			1					
111	drainage catheter, all purpose	SD161	item					1			
112	pouch, nephrostomy-biliary drainage	SD163	item					1			
113	guidewire bowl w-lid, sterile	SD171	item					1		1	
114	introducer sheath, Ansel [45 cm 6 Fr Ansel]	SD250	item	1		1		1		1	
115	blade, surgical (Bard-Parker)	SF007	item							1	
116	applicator, sponge-tipped	SG009	item					4		4	
117	gauze, sterile 4in x 4in	SG055	item					6		6	
118	tape, surgical paper 1in (Micropore)	SG079	item					12		12	
119	lidocaine 1%-2% inj (Xylocaine)	SH047	ml					10		10	
120	sodium chloride 0.9% flush syringe	SH065	item					2		2	
121	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item					1		1	
122	povidone soln (Betadine)	SJ041	ml					60		60	
123	cup, biopsy-specimen sterile 4oz	SL036	item							1	
124	disinfectant, surface (Envirocide, Sanizide)	SM013	oz					1		1	
125	computer media, dvd	SK013	item								
126	film, x-ray 14inx17in	SK034	item								
127	x-ray developer solution	SK089	oz								
128	x-ray envelope	SK091	item								
129	x-ray fixer solution	SK092	oz								
130	film, x-ray, laser print	Sk098	item								
131											
132	**EQUIPMENT**	**CODE**									
133	angiographic room	EL011		67		62		57		74	
134	table, exam	EF023									
135	fiberscope, flexible, cystoscopy, with light source	ES019									
136	light, exam	EQ168		67		62		57		74	
137	table, instrument, mobile	EF027		67		62		297		314	
138	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		67		62		297		314	
139	IV infusion pump	EQ032		67		62		297		314	
140	PACS Workstation Proxy	ED050		**73**		**68**		**68**		**85**	
141	film processor, dry, laser	ED024									
142	film alternator	ER029									
143	portable ultrasound	EQ250								74	

	A	B	C	AB	AC	AD	AE	AF	AG	AH	AI
1	**REVISED AT MEETING**			**RECOMMENDATION**		**EXISTING**		**EXISTING**		**EXISTING**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50695 place ureteral new w/tube**		**50394**		**74475**		**50398**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter*		*Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter*		*Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation*		*Change of nephrostomy or pyelostomy tube*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**XXX**	**XXX**		
6	**TOTAL CLINICAL LABOR TIME**			**331**	**30**	**53**	**30**	**21**	**0**	**44**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**7**	**30**	**18**	**30**	**5**	**0**	**0**	**0**
8		*L037D*	*RN/LPN/MTA*	*3*	*30*	*18*	*30*			*0*	*0*
9		*L041B*	*RadTech*	*4*				*5*		*0*	*0*
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**RedTech**	**321**	**0**	**35**	**0**	**16**	**0**	**41**	**0**
11		*L037D*	*RN/LPN/MTA*	*38*		*35*	*0*			*35*	
12		*L041B*	*RadTech*	*146*				*16*		*6*	
13		*L051A*	*RN*	*137*							
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3**	**0**	**0**	**0**	**0**	**0**	**3**	**0**
15	**PRE-SERVICE**										
16	**Start: Following visit when decision for surgery or procedure made**										
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	5	5	5				
18	Coordinate pre-surgery services	L037D	RN/LPN/MTA		10	3	10				
19	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5				
20	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		7	7	7				
21	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3	3	3				
22	Availability of prior images confirmed	L041B	RadTech	2				5			
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech	2							
24	*Other Clinical Activity - *specify:*										
25	**End: When patient enters office/facility for surgery/procedure**										
26	**SERVICE PERIOD**										
27	**Start: When patient enters office/facility for surgery/procedure:**										
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		5					
29	Obtain vital signs	L037D	RN/LPN/MTA	5		3					
30	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5						5	
31	Prepare room, equipment, supplies	L041B	RT	2		2		1		1	
32	Setup scope (non facility setting only)										
33	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	2		2		1		2	
34	Sedate/apply anesthesia	L051A	RN	2						1	
35	*Other Clinical Activity - specify:										
36	**Intra-service**										
37	Assist Physician in Performing Procedure (CS)	L051A	RN	75		13					
38	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA							21	
39	Assist Physician in Performing Procedure	L041B	RT	75							
40	Acquire images (75%)	L041B	RT	56				9			
41	Circulator (25%)	L037D	RN/LPN/MTA	19							
42	**Post-Service**										
43	Monitor pt. following moderate sedation	L051A	RN	15		2					
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN	45		3				6	
45	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA			3				6	
46	Clean room/equipment by physician staff	L041B	RT	6				3		2	
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3					
50	Review/read X-ray, lab, and pathology reports										
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		2				3	
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	2				2			
53	Review examination with interpreting MD	L041B	RT	2							
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT	1							
55	*Other Clinical Activity - *specify:*										
56	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		**n/a**		**n/a**		**n/a**	
57	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		**n/a**		**n/a**		**n/a**	
58	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		**n/a**		**n/a**		**n/a**	
59	**End: Patient leaves office**										

	A	B	C	AB	AC	AD	AE	AF	AG	AH	AI
1	**REVISED AT MEETING**			**RECOMMENDATION**		**EXISTING**		**EXISTING**		**EXISTING**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50695 place ureteral new w/tube**		**50394**		**74475**		**50398**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter*		*Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter*		*Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation*		*Change of nephrostomy or pyelostomy tube*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**XXX**	**XXX**		
60	**POST-SERVICE Period**										
61	**Start: Patient leaves office/facility**										
62	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3						3	
70	*Other Clinical Activity - *specify:*										
71	**End: with last office visit before end of global period**										
72	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
73	pack, minimum multi-specialty visit	SA048	pack	1		1					
74	pack, conscious sedation	SA044	pack	1							
75	**Catheter, balloon, PTA**	**SD152**	**item**								
76	**Stent, ureteral, without guidewire**	**SD218**	**item**	**1**							
77	**Non-detachable embolization coil**	**SF057**	**item**								
78	**Nephroureteral Catheter**	**NEW**	**item**								
79	kit, iv starter	SA019	kit	1							
80	kit, suture removal	SA031	kit							1	
81	pack, cleaning and disinfecting, endoscope	SA042	pack	1		1					
82	tray, shave prep	SA067	tray	1						1	
83	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1							
84	cap, surgical	SB001	item	4		2				2	
85	cover-condom, transducer or ultrasound probe	SB005	item	1							
86	drape, sterile, femoral	SB009	item	1							
87	drape, sterile, fenestrated 16in x 29in	SB011	item			1				1	
88	drape-towel, sterile 18inx26in	SB019	item	2		2				2	
89	gloves, non-sterile	SB022	pair	2				1			
90	gloves, sterile	SB024	pair	2		2				2	
91	gown, surgical, sterile	SB028	item	2		2				2	
92	mask, surgical	SB033	item	2							
93	mask, surgical, with face shield	SB034	item	2						2	
94	shoe covers, surgical	SB039	pair	4						2	
95	underpad 2ftx3ft (Chux)	SB044	item	1		1				1	
96	closed flush system, angiography	SC010	item	1						1	
97	needle 18-27g	SC029	item			2					
98	needle, Chiba	SC035	item	1							
99	3 way stop cock (for irrigation)	SC049	item	1		1				1	
100	syringe 10-12ml	SC051	item	2		2					
101	syringe 60ml (for irrigation)	SC056	item	2		2				2	
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2						2	
103	brush, ureteral	SD008	item								
104	dilator, vessel, angiographic	SD043	item	2							
105	guidewire	SD088	item							1	
106	guidewire, hydrophilic	SD089	item	1							
107	guidewire, STIFF	SD090	item	1							
108	percutaneous catheter fastener (Percu-Stay)	SD146	item	1							
109	catheter, (Glide)	SD147	item	1							
110	catheter, balloon inflation device	SD149	item								
111	drainage catheter, all purpose	SD161	item	1						1	
112	pouch, nephrostomy-biliary drainage	SD163	item	1						1	
113	guidewire bowl w-lid, sterile	SD171	item	1							
114	introducer sheath, Ansel [45 cm 6 Fr Ansel]	SD250	item	1							
115	blade, surgical (Bard-Parker)	SF007	item	1							
116	applicator, sponge-tipped	SG009	item	4		4				4	
117	gauze, sterile 4in x 4in	SG055	item	6						6	
118	tape, surgical paper 1in (Micropore)	SG079	item	12						12	
119	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10						10	
120	sodium chloride 0.9% flush syringe	SH065	item	2						2	
121	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1						1	
122	povidone soln (Betadine)	SJ041	ml	60		60				60	
123	cup, biopsy-specimen sterile 4oz	SL036	item	1							
124	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1				1			
125	computer media, dvd	SK013	item					1			
126	film, x-ray 14inx17in	SK034	item								
127	x-ray developer solution	SK089	oz								
128	x-ray envelope	SK091	item					1			
129	x-ray fixer solution	SK092	oz								
130	film, x-ray, laser print	Sk098	item					1			
131											
132	**EQUIPMENT**	**CODE**									
133	angiographic room	EL011		87				9		41	
134	table, exam	EF023				70					
135	fiberscope, flexible, cystoscopy, with light source	ES019				70					
136	light, exam	EQ168		87		70					
137	table, instrument, mobile	EF027		327							
138	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		327							
139	IV infusion pump	EQ032		327							
140	PACS Workstation Proxy	ED050		**98**							
141	film processor, dry, laser	ED024						2			
142	film alternator	ER029						2			
143	portable ultrasound	EQ250		87							

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:54437 Tracking Number J1 Original Specialty Recommended RVU: **14.00**
Presented Recommended RVU: **11.50**
Global Period: 090 RUC Recommended RVU: **11.50**

CPT Descriptor: Repair of traumatic corporeal tear(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 36-year-old male is having vigorous intercourse with his girlfriend when during a penetrating forward thrust, he partially slips out of her vaginal vault and strikes her pubic symphysis. He hears a popping sound followed by marked pain and swelling of the left side of his penis. The patient goes to the emergency room; and upon examination, there is angulation of his penis to the right with a large hematoma involving the entire left side of his penile shaft. Penile fracture is suspected and the patient is taken to the operating room for emergency repair.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 22% , Overnight stay-less than 24 hours 71% , Overnight stay-more than 24 hours 5%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 44%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review medical records. Assure appropriate selection, timing, and administration of pre-surgical antibiotic. Meet with patient and family to review planned procedure and post-operative management. Review and obtain informed consent, including witness signature. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Indicate areas of skin to be prepped and draped. Mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: Under general anesthesia, a 16F catheter is placed to identify the urethra during the procedure and confirm that there is no urethral injury. A circumferential incision is made around the penis shaft and the penile skin retracted proximally revealing a large hematoma covering the left corpora body that is evacuated. This is followed by dissection of the subcutaneous tissue away from the corpora bodies. A 1cm longitudinal dorsal tear in the left corpora along the penile mid-shaft is identified and repaired. The right corpora appears intact without injury. The wound is irrigated with antibiotic solution. Layered closure is completed.

Description of Post-Service Work:
Post-operative work – Hospital: Apply sterile dressings. Discuss postoperative care with recovery room staff. Discuss surgery outcome with patient's family. Complete brief operative note and medication orders, and all required operative documentation. Monitor patient stabilization in the recovery room. After patient is awake, discuss surgery outcome and anticipated course with patient. Enter orders for transferring to surgical floor and discuss ongoing care with floor nurses. Complete operative report and medical record documentation. Later on the day of surgery, review medical records and

interval data charted. Communicate with other professionals and with patient and patient's family. Exam patient, assessing wound and urine output. Contact primary care physician regarding outcome of procedure and any unusual aspects of post operative care (eg, cardiac disease, diabetic management). Consider relevant data, options, and risks and revise treatment plan as necessary. Manage dressings to wounds daily, monitoring status of incision, looking for signs of infection. Assess need for continued antibiotics, order as required. Monitor and document patient progress. Assess pain scores and adequacy of analgesia. Monitor fluid and electrolyte status. Review nursing/other staff patient chart notes. Write orders for labs (if indicated), medications, diet, and patient activity. Chart patient progress notes daily. Answer patient and family questions. Answer nursing/other staff questions. Advance diet, as appropriate. Write prescriptions for medications needed post-discharge. Home restrictions (ie, diet, activity, bathing) are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Post-operative work – Office: - Examine patient, check vital signs (including urine output), and assess wounds. Talk with patient and family, reviewing in detail implications and follow-up plan. Discuss penile rehabilitation therapy, including timing and options for oral therapies. Assess pain scores and adequacy of analgesia. Order pain medication, as indicated. Dictate/type/write progress notes for medical chart and letter to referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Thomas Turk, MD and Martin Dineen, MD		
Specialty(s):	Urology		
CPT Code:	54437		
Sample Size:	67	**Resp N:** 35	**Response:** 52.2 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	4.00	12.00
Survey RVW:	6.65	11.50	**14.00**	16.05	19.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	60.00	**60.00**	90.00	120.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**55.00**	99231x **0.00** 99232x **0.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**92.00**	99211x **0.00** 12x **0.00** 13x **4.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	54437	**Recommended Physician Work RVU: 11.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	85.00	99211x **0.00** 12x **1.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
54406	090	12.89	**RUC Time**

CPT Descriptor Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
54417	090	16.10	**RUC Time**

CPT Descriptor Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
53445	090	13.00	**RUC Time**	1,995

CPT Descriptor 1 Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,310

CPT Descriptor 2 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 40.0 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 14.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 54437	Top Key Reference CPT Code: 54406	2nd Key Reference CPT Code: **54417**
Median Pre-Service Time	51.00	50.00	50.00
Median Intra-Service Time	60.00	95.00	108.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	20.00	160.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	85.0	62.00	79.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**264.00**	**295.00**	**465.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.36	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.21	0.60
Urgency of medical decision making	1.36	1.60
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.50	1.00
Physical effort required	0.43	0.80
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.86	1.00
Outcome depends on the skill and judgment of physician	1.00	1.00

Estimated risk of malpractice suit with poor outcome	1.07	1.20

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.00	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Survey Sample

The American Urological Association requested a random sample of approximately 3000 urologists from our general membership database and 269 urologists from the Society of Genitourinary Reconstructive Surgeons. These individuals represented specialization in urology, practice circumstances, practice settings and geographic areas. An email from the Chair of our Public Policy Council was sent to these individuals to determine if they perform the procedure being reviewed and if they would be willing to complete an AMA/RUC survey. This resulted in a sample of 67 surgeons who were sent a link to the survey.

Post-Time Package 9B

Three minutes were subtracted from the package time to be consistent with the median survey time.

Key Reference Comparison

CPT	Descriptor	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Immed Post	Hosp time	Off time
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	12.89	0.070	295	50			95	30	58	62
54437	Repair of traumatic corporeal tear(s)	11.50	0.087	264	33	3	15	60	30	0	85
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	16.10	0.039	465	50			108	30	198	79

MPC Comparison

CPT	Descriptor	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Immed Post	Hosp time	Off time
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	**13.00**	0.073	**314**	50	15	20	90	35	19	85
54437	Repair of traumatic corporeal tear(s)	11.50	0.087	264	33	3	15	60	30	0	85
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	**14.56**	0.083	**279**	33	5	15	120	25	19	62

Comparison to Other Recently Reviewed 90-day Global Codes

Year	CPT	Descriptor	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Immed Post	Hosp time	Off time
2010	**57288**	Repair bladder defect	**12.13**	0.108	**246**	33	7	15	**60**	27	19	85
2010	**66174**	Translum dil eye canal	**12.85**	0.131	**215**	10	1	5	**60**	10	19	110
2011	**32098**	Open biopsy of lung pleura	**12.91**	0.074	**341**	40	15	20	**60**	30	153	23
2013	**67039**	Laser treatment of retina	**13.20**	0.107	**260**	33	3	15	**60**	15	19	161
	54437	Repair of traumatic corporeal tear(s)	11.50	0.087	264	33	3	15	60	30	0	85
2014	**66180**	Aqueous shunt eye w/graft	**15.00**	0.123	**277**	19	1	5	**60**	10	19	163
2010	**35860**	Explore limb vessels	**15.25**	0.084	**376**	30	3	5	**60**	30	193	55
2013	**67041**	Vit for macular pucker	**16.33**	0.160	**260**	33	3	15	**60**	15	19	115
2013	**67042**	Vit for macular hole	**16.33**	0.160	**260**	33	3	15	**60**	15	19	115
2010	**35840**	Explore abdominal vessels	**20.75**	0.142	**431**	30	3	5	**60**	30	248	55

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
54440 Plastic operation of penis for injury
55899 Unlisted procedure, male genital system

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 40 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This procedure is not typically provided to Medicare-aged patient. The specialty estimate is based on utilization data for 54440 and 55899.

Specialty Urology Frequency 40 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 54406

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:54438 Tracking Number J2 Original Specialty Recommended RVU: **24.50**
Presented Recommended RVU: **24.50**
Global Period: 090 RUC Recommended RVU: **24.50**

CPT Descriptor: Replantation, penis, complete amputation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 42-year-old male with schizophrenia becomes acutely delusional hearing voices telling him to amputate his penis. The patient proceeds to cut off his penis at the level of penoscrotal junction in front of his family. The patient, along with his severed penis, is rushed immediately to the hospital where the bleeding is controlled. The severed portion of the penis is considered viable for replantation and placed on ice for preservation. The patient is rushed to the operating room for surgical repair.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 3% , Overnight stay-more than 24 hours 96%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 6%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review medical records. Assure appropriate selection, timing, and administration of pre-surgical antibiotic. Meet with patient and family to review planned procedure and post-operative management. Review and obtain informed consent, including witness signature. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Indicate areas of skin to be prepped and draped. Mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: Under general anesthesia the penile stump is debrided to viable tissue, identifying the penile arteries, veins, neurovascular bundle, urethral stump and corporal bodies. A 16 F catheter is placed into the urethral stump and passed into the bladder. Attention first turns to the corporal body repair. An operating microscope is positioned on the field to help identify vascular and nerve structures. The two deep cavernosal arteries, running within each corpora is identified. Each is mobilized proximally and distally then spatulated. Heparin solution is injected into each end of the artery. The two ends of each cavernosal artery are reanastomosed using microscopic technique with 9-0 nylon sutures. Once cavernosal blood flow is reestablished, each corporal body is reanastomosed along with its overlying Bucks fascia utilizing 3-0 prolene sutures. Attention then turns to the urethral anastomosis. The urethral ends are mobilized and spatulated in the urethral stump and distally in the amputated segment. The catheter is replaced through the meatus of the amputated segment, through the penile stump and repositioned in the bladder. The urethra and corpora spongiosum are then reanastomosed end to end using interrupted 3-0 vicryl sutures and using the catheter as a stent. Attention then turns to reconstruction of the more superficial neurovasculature of the penis. The deep dorsal and circumflex veins of the penis are identified in both the penile stump and amputated segment. They are each mobilized, spatulated, and irrigated with heparin

solution. Each is then reanastomosed using microscopic technique with 9-0 or 10-0 nylon sutures. Once complete, the dorsal penile artery is then identified, mobilized and spatulated. It is irrigated with heparin solution and reanastomosed using the same technique as described above for the venous system. Once vascular continuity is reestablished, distal blood flow to the amputated segment is confirmed by observing if the penile glands appear viable and by checking intraoperative ultrasound measurements. Upon confirmation of adequate blood flow, attention turns to the dorsal nerve. As described, the nerve is identified and the two ends reconnected with 10-0 nylon technique. After completion of the neurovascular corporal and urethral repairs and reconfirming distal penile viability, attention turns to closure of the wound. The superficial fascia of the penis is closed with 3-0 chromic sutures and the skin edges closed with 4-0 chromic sutures.

Description of Post-Service Work:
Post-operative work – Hospital: Apply sterile dressings. Discuss postoperative care with recovery room staff. Discuss surgery outcome with patient's family. Complete brief operative note and medication orders, and all required operative documentation. Monitor patient stabilization in the recovery room. After patient is awake, discuss surgery outcome and anticipated course with patient. Enter orders for transferring to surgical floor and discuss ongoing care with floor nurses. Complete operative report and medical record documentation. Later on the day of surgery, review medical records and interval data charted. Communicate with other professionals (including psychiatric consult) and with patient and patient's family. Exam patient, assessing wound and urine output through Foley catheter. Contact primary care physician regarding outcome of procedure and any unusual aspects of post-operative care (eg, cardiac disease, diabetic management). Consider relevant data, options, and risks and revise treatment plan as necessary. Manage dressings to wounds daily, monitoring status of incision, looking for signs of infection. Assess need for continued antibiotics, order as required. Monitor and document patient progress. Assess pain scores and adequacy of analgesia. Monitor fluid and electrolyte status. Review nursing/other staff patient chart notes. Write orders for labs (if indicated), medications, diet, and patient activity. Chart patient progress notes daily. Answer patient and family questions. Answer nursing/other staff questions. Advance diet, as appropriate. Write prescriptions for medications needed post-discharge. Home restrictions (ie, diet, activity, bathing) and care of Foley catheter are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Post-operative work – Office: - Examine patient, check vital signs (including urine output), and assess wounds. Discussed continued use of Foley catheter. Talk with patient and family, reviewing in detail implications and follow-up plan. Discuss penile rehabilitation therapy, including timing and options for oral therapies. Assess pain scores and adequacy of analgesia. Order pain medication, as indicated. Dictate/type/write progress notes for medical chart and letter to referring physician(s).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Thomas Turk, MD and Martin Dineen, MD				
Specialty(s):	Urology				
CPT Code:	54438				
Sample Size: 68	**Resp N:** 26	**Response:** 38.2 %			
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**0.00**	1.00	2.00
Survey RVW:	10.50	22.10	**24.50**	30.00	49.50
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	90.00	120.00	**180.00**	240.00	480.00
Immediate Post Service-Time:	**28.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**135.00**	99231x **0.00** 99232x **2.00** 99233x **1.00**			
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**92.00**	99211x **0.00** 12x **0.00** 13x **4.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	54438	**Recommended Physician Work RVU: 24.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**28.00**	**33.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	135.00	99231x **0.00** 99232x **2.00** 99233x **1.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	92.00	99211x **0.00** 12x **0.00** 13x **4.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
53448	090	23.44	**RUC Time**

CPT Descriptor Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50845	090	22.46	**RUC Time**

CPT Descriptor Cutaneous appendico-vesicostomy

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
60500	090	15.60	**RUC Time**	15,298

CPT Descriptor 1 Parathyroidectomy or exploration of parathyroid(s);

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,464

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 53.8 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 15.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 54438	Top Key Reference CPT Code: 53448	2nd Key Reference CPT Code: **50845**
Median Pre-Service Time	58.00	60.00	90.00
Median Intra-Service Time	180.00	170.00	240.00
Median Immediate Post-service Time	28.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	135.0	180.00	100.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	92.0	86.00	115.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**531.00**	**564.00**	**613.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.21	-0.75
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.00	-0.75
Urgency of medical decision making	1.79	2.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.86	1.50
Physical effort required	1.79	0.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.93	1.25
Outcome depends on the skill and judgment of physician	1.86	1.25
Estimated risk of malpractice suit with poor outcome	1.71	1.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.00	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Survey Sample

The American Urological Association requested a random sample of approximately 3000 urologists from our general membership database and 269 urologists from the Society of Genitourinary Reconstructive Surgeons. These individuals represented specialization in urology, practice circumstances, practice settings and geographic areas. An email from the Chair of our Public Policy Council was sent to these individuals to determine if they perform the procedure being reviewed and if they would be willing to complete an AMA/RUC survey. This resulted in a sample of 67 surgeons who were sent a link to the survey.

Survey Response and Experience

One 26 surveys were received. Although the initial 67 surgeons indicated they were familiar with this procedure, they may not have been comfortable responding to the survey questions once the survey was received. In addition, the median survey experience "in the past 12 months" was zero. This is not unexpected since this is not a common procedure.

Recommendation

We recommend the survey median work RVU of 24.50. This is supported by the key reference codes, the MPC codes and other recently reviewed codes as discussed below.

Pre-Time Package 4

Five minutes were subtracted from scrub, dress, wait time to be consistent with the median survey time.

Post-Time Package 9B

Five minutes were subtracted from the package time to be consistent with the median survey time.

Key Reference Comparison

CPT	Descriptor	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Immed Post	Hosp time	Off time
50845	Cutaneous appendico-vesicostom	22.46	0.041	613	90			240	30	138	115
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	23.44	0.060	564	60			170	30	218	86
54438	Replantation, penis, complete amputation	24.50	0.071	531	40	3	15	180	28	173	92

MPC Comparison

We note there are not many 90-day global MPC codes and even fewer that have been recently reviewed. The two codes show below are the most recently reviewed codes below and above the recommendation.

CPT	Descriptor	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Immed Post	Hosp time	Off time
60500	Parathyroidectomy or exploration of parathyroid(s)	15.60	0.086	313	40	12	20	120	40	19	62
54438	Replantation, penis, complete amputation	24.50	0.071	531	40	3	15	180	28	173	92
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	32.06	0.107	512	33	20	15	210	30	78	126

Comparison to Other Recently Reviewed 90-day Global Codes

Year	CPT	Descriptor	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Immed Post	Hosp time	Off time
2014	**55840**	Prostatectomy, retropubic radical, with or without nerve sparing;	**21.36**	0.071	448	33	3	15	**180**	33	98	86
2014	**55842**	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	**21.36**	0.071	448	33	3	15	**180**	33	98	86
	54438	Replantation, penis, complete amputation	**24.50**	0.071	531	40	3	15	**180**	28	173	92
2012	**23473**	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	**25.00**	0.085	488	40	15	20	**180**	30	118	85
2012	**22586**	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	**28.12**	0.099	500	40	20	20	**180**	30	118	92
2011	**32670**	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	**28.52**	0.098	532	40	15	20	**180**	30	208	39

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
54440 Plastic operation of penis for injury
55899 Unlisted procedure, male genital system

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This procedure is not typically provided to Medicare-aged patient. An estimate of 5 may be overstated.

Specialty Urology Frequency 5 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 53448

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2015

Penile Trauma Repair

At the October 2014 CPT Editorial Panel Meeting, two codes were established to report the repair of a traumatic corporeal tear of the penis and complete re-implantation of the penis.

54437 Repair of traumatic corporeal tear(s)
The RUC reviewed the survey results from 35 urologists and agreed on the following physician time components: Pre-service time package 3 (facility, straightforward patient, difficult procedure) with the standard total pre-service time of 51 minutes, intra-service time of 60 minutes and immediate post-service time of 30 minutes. The RUC noted that while the survey respondents indicated that a hospital visits is typical, the additional site-of-service data did not corroborate this assumption, since only 44% of the respondents who see the patient overnight perform an Evaluation and Management service on the same day. Therefore, no hospital visit is typical in the post-operative period for 54437. The RUC also discussed whether or not all four of the office visits met the threshold for a 99213. The specialty agreed that since the fourth visit is simply assessing the penial rehabilitation response from a previous visit, it only met the requirements of a 99212. The RUC recommends the following post-operative visits: one full-day discharge management (99238), one 99212 and three 99213 office Evaluation and Management services.

The RUC then reviewed the survey respondents' estimated physician work values and agreed with the specialty society that the 25th percentile work RVU of 11.50 accurately values this procedure. To justify a work RVU of 11.50, the RUC compared the surveyed code to the key reference service 54406 *Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis* (work RVU= 12.89) and agreed that the recommended value of 11.50 for 54437 is appropriately valued lower than this reference service due to less total time, 264 minutes compared to 295 minutes. The RUC also reviewed CPT code 67039 *Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation* (work RVU= 13.20) and noted that while both services have identical intra-service time, 60 minutes, the reference code is a more intense procedure. Therefore, the RUC recommended value for the surveyed code is appropriately valued slightly less than this reference code. **The RUC recommends a work RVU of 11.50 for CPT code 54437.**

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54438 Replantation, penis, complete amputation including urethral repair
The RUC reviewed the survey results and agreed on the following physician time components: Pre-service time package 4 (facility, difficult patient, difficult procedure) with the standard total pre-service time of 58 minutes, intra-service time of 180 minutes and immediate post-service time of 28 minutes. The RUC also reviewed the post-operative visits and agreed that the following number of post-operative visits was necessary due to the extremely high level of complexity of the patient who is typically schizophrenic and the time intensive nature of the continuous follow-up care: two 99232 and one 99233 hospital visits, one full-day 99238 discharge management code and four 99213 office visits.

The RUC then reviewed the survey respondents' estimated physician work values and agreed with the specialty society that the median work RVU of 24.50 accurately valued this procedure. To justify a work RVU of 24.50, the RUC compared the surveyed code to the key reference service 53448 *Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue* (work RVU= 23.44) and agreed that since 54438 has slightly more intra-service time compared to the reference code, 180 minutes and 170 minutes, respectively, the median value of 24.50 accurately values the surveyed code higher. In addition, the RUC reviewed 23473 *Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component* (work RVU= 25.00) and noted that both services have identical intra-service time, 180 minutes, and should be valued similarly. **The RUC recommends a work RVU of 24.50 for CPT code 54438.**

Emergent Procedure:
There was discussion at the table concerning potential overlap between an E/M service billed on the same date due to the emergent nature of this procedure. It was noted that the Practice Expense Subcommittee, the previous day, discussed the necessary pre-service clinical labor during this tab and realized that the Subcommittee and the RUC have previously accepted varying time elements for emergent procedures. Therefore, it was decided that AMA staff will go back and perform an exhaustive search of emergent procedure previously valued by the RUC to determine precedence for establishing pre time both in clinical labor and physician work.

Practice Expense:
The RUC reviewed and approved the direct practice expense inputs with no modifications as submitted by the specialty society and approved by the Practice Expense Subcommittee. The RUC notes the following:

- The PE Subcommittee considered reducing the pre-service time from 60 minutes to 15 minutes based on a direct crosswalk to CPT code 44950 *Appendectomy*, which is clearly an emergent service based on the description of the typical patient in the vignette. The PE Subcommittee noted that CPT code 44960 *Appendectomy; for ruptured appendix with abscess or generalized peritonitis* also has 15 minutes of pre-service time. The PE Subcommittee discussed that there was precedence for reducing the amount of pre-service time from the 60 minutes that is standard for most 90 day global services for emergency surgery. The Chair and AMA staff examined a number of services that were cited as being emergent and it was not clear that the PE Subcommittee has been consistent in reducing pre-service time

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in these instances and the code descriptors and vignettes did not identify the services as definitively emergent. The PE Subcommittee decided to approve the specialty society's recommendation for 60 minutes of pre-service time in the facility setting for both services to be consistent with past recommendations, however the RUC will research emergent codes and consider implementing revised pre-service time for these services.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Male Genital System** **Penis** **Repair**				
•54437	J1	Repair of traumatic corporeal tear(s) (For repair of urethra, see 53410, 53415)	090	11.50
•54438	J2	Replantation, penis, complete amputation including urethral repair (To report replantation of incomplete penile amputation, see 54437 for repair of corporeal tear(s), and 53410, 53415 for repair of urethra)	090	24.50

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ISSUE: Penile Trauma Repair
TAB: 10

					RVW					Total	pre	PRE			INTRA						post	POST-HOSPITAL							POST-OFFICE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	91	92	33	32	31	38	39	15	14	13	12	11
Ref 1	54406	Removal of all components of a mu	14	0.070			12.89			295		50					95			30						1	1				2	1	
Ref 2	54417	Removal and replacement of non-i	5	0.039			16.10			465		50					108			30					2	4	1		1	1	1		
Current	54440	Plastic operation of penis for injury		n/a			0.00																										
Current	55899	Unlisted procedure, male genital sy		n/a			0.00																										
SVY	54437	Repair of traumatic corporeal tear(	35	0.075	6.65	11.50	14.00	16.05	19.00	360		60	10	15	30	60	60	90	120	30			1			1			4			
REC	54437	Repair of traumatic corporeal tea		0.087			11.50			264	4	33	3	15			60			30	9B					1			3	1		
Ref 1	53448	Removal and replacement of inflata	14	0.060			23.44			564		60					170			30					2	5	1		1	2			
Ref 2	50845	Cutaneous appendico-vesicostom	4	0.041			22.46			613		90					240			30						5	1			5			
Current	54440	Plastic operation of penis for injury		n/a			0.00																										
Current	55899	Unlisted procedure, male genital sy		n/a			0.00																										
SVY	54438	Replantation, penis, complete amp	26	0.067	10.50	22.10	24.50	30.00	49.50	563		60	15	15	90	120	180	240	480	28			1	2		1			4			
REC	54438	Replantation, penis, complete ar		0.071			24.50			531	4	40	3	15			180			28	9B		1	2		1			4			

_10_____
Tab Number

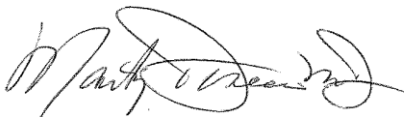
_____
Issue
54437 and 54438

_____
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



_____
Signature
Martin Dineen, MD

_____
Printed Signature

American Urological Association

_____
Specialty Society

January 7, 2015

_____
Date

_10_____
Tab Number

_____
Issue
54437 and 54438

_____
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

_____
Signature
Thomas Turk, MD

_____
Printed Signature

American Urological Association
_____
Specialty Society

January 7, 2015
_____
Date

CPT Code: 54437 , 54438
Specialty Society(‘s) AUA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

54437	Repair of traumatic corporeal tear(s)
54438	Replantation, penis, complete amputation

Global Period: 090 Meeting Date: January 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The expert panel of practicing urologists reviewed the practice expense details for the key references services and the standard clinical staff, supplies, and equipment for facility 90-day global codes to determine the recommendations for the two new codes.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The key reference codes were use as comparison for the recommendations for the two new codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
We are requesting a power table and an exam lamp for the follow-up visits for these two new codes. This equipment is necessary for follow up to inspect the wounds and surrounding perineal area.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Standard time of 60 minutes for major surgical procedures (90-day global) is indicated.

Complete pre-service diagnostic & referral forms

Coordinate pre-surgery services

Schedule space and equipment in facility

Provide pre-service education/obtain consent

Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:

Standard 12 minutes of clinical staff activity for 99238 is indicated.

Post-Service Clinical Labor Activities:

Standard times for each office visit are assigned.

Assists physician with follow-up visits

	A	B	C	D	E	F	G	H	I	J	K
1						Recommend				Recommend	
2	*Please note: If a supply has a purchase price of $100 or			54406		54437		53448		54438	
3	Meeting Date: January 2015 Tab: 10 Specialty: AUA	CMS Code	Staff Type	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of		Repair of traumatic corporeal tear(s)		Removal and replacement of inflatable urethral/bladder neck sphincter including		Replantation, penis, complete amputation	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			90	90	90	90	90	90	90	90
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	N/A	171	N/A	207	N/A	197	N/A	216
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	60	0	60	0	60	0	60
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	12	0	12	0	12	0	12
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	99	0	135	0	125	0	144
10	PRE-SERVICE										
11	Start: Following visit when decision for surgery or procedure made										
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20		20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20		20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7		7		7
18	End: When patient enters office/facility for surgery/procedure										
19	SERVICE PERIOD										
20	Start: When patient enters office/facility for surgery/procedure:										
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a	12	n/a	12	n/a	12	n/a	12
43	End: Patient leaves office										
44	POST-SERVICE Period										
45	Start: Patient leaves office/facility										
47	*Office visits: List Number and Level of Office Visits*			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
48	99211 16 minutes		16								
49	99212 27 minutes		27		1		1				
50	99213 36 minutes		36		2		3		2		4
51	99214 53 minutes		53						1		
52	99215 63 minutes		63								
53	Total Office Visit Time	L037D	RN/LPN/MTA	0	99	0	135	0	125	0	144
55	End: with last office visit before end of global period										
56	MEDICAL SUPPLIES**	CODE	UNIT								
57	pack, minimum multi-specialty visit	SA048	pack		3		4		3		4
58	pack, post-op incision care (staple)	SA052	pack		1				1		
59	pack, post-op incision care (suture)	SA054	pack								1
60	EQUIPMENT	CODE									
61	table, exam	EF023			99				125		
62	table, power	EF031					144				144
63	light, exam	EQ168					144				144

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2015

Intrastromal Corneal Ring Implantation

At the October 2014 CPT Editorial Panel meeting, the Panel created one new CPT Category I code to describe implantation of intrastromal corneal ring segments.

65785 ***Implantation of intrastromal corneal ring segments***
The RUC reviewed the survey results from 34 ophthalmologists and agreed with the specialty on the following physician time components: pre-service time of 23 minutes (standard pre-time package 6A), an intra-service time of 30 minutes and an immediate post-service time of 10 minutes (standard post-time package 7A minus 8 minutes to match the survey results). The RUC also agreed with the specialty that the following office visits during the 90-day global period were justified: one 99212 office visit 1 day after the procedure to confirm alignment of the corneal ring, one 99212 office visit 1-2 weeks post-op to examine healing, potential inflammation and that the corneal ring is still in place, one 99213 office visit to remove the sutures, and one 99212 office visit 3 months out to confirm the results of the procedure.

The RUC reviewed the survey respondents' estimated physician work values and agreed that they were overvalued, with a 25th percentile work RVU of 9.75. To determine an appropriate work value, the RUC compared the survey code to CPT code 67917 *Repair of ectropion; extensive (eg, tarsal strip operations)* (work RVU=5.93, intra-time of 33 minutes, total time of 142 minutes) and noted that both codes have similar intra-service times, total times and intensities, they should be valued similarly. Therefore, the RUC recommends a direct work RVU crosswalk from code 67917 to code 65785. To further support this recommendation, the RUC examined CPT Code 67916 *Repair of ectropion; excision tarsal wedge* (work RVU=5.48, intra-time of 25 minutes, total time of 134 minutes) and CPT Code 25605 *Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation* (work RVU=6.25, intra-time of 30 minutes, total time of 169 minutes), and agreed that the survey code recommendation is appropriately bracketed by these two reference services. **The RUC recommends a work RVU of 5.93 for CPT Code 65785.**

New Technology
The service will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with the following modifications as approved by the Practice Expense Subcommittee:

- The specialty had recommended 2 minutes to prepare room, equipment, and supplies (line 24) and 5 minutes to setup scope (line 25). The PE Subcommittee questioned this because no scope is listed and the specialty explained that the femtosecond laser is generally attached to the microscope, operating (EQ183) and this equipment requires the same amount of time to set up as a scope. The RUC agreed that more time than the standard 2 minutes is need to set up the equipment, however to avoid confusion they removed the 5 minutes of clinical staff time standard to setup a scope in line 25 and added it to the time in line 24 for a total of 7 minutes for prepare room, equipment, supplies (line 24) and 0 minutes for setup scope (line 25).
- The clinical staff time for Clean Surgical Instrument Package, was changed from 10 to 15 minutes to reflect the standard for cleaning a medium surgical instrument package (line 37).
- The specialty explained that the femtosecond laser is new technology and is generally attached to a microscope that the practice already owns so the microscope, operating (EQ183), was added to the equipment (line 83).
- All equipment minute calculations were updated to include the appropriate line items.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category III				
~~0099T~~	~~Implantation of intrastromal corneal ring segments~~ ~~Sunset January 2016~~ (0099T has been deleted. To report, use 65785)			
•65785	K1	Implantation of intrastromal corneal ring segments	090	5.93

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:65785 Tracking Number K1 Original Specialty Recommended RVU: **6.25**
Presented Recommended RVU: **6.25**
Global Period: 090 RUC Recommended RVU: **5.93**

CPT Descriptor: Implantation of intrastromal corneal ring

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 27-year-old male with progressive keratoconus in both eyes over the past 12 years is unable to see adequately to function in his left eye despite the use of glasses and repeated attempts to fit the patient with contact lenses of many types. Surgical treatment options were discussed, including corneal transplantation; intrastromal corneal ring implantation to stabilize the keratoconus in his left eye is scheduled.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 12% , In the ASC 35%, In the office 53%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 69%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 60%

Description of Pre-Service Work: The surgeon reviews the preoperative workup, including history, physical examination and review of corneal tomography and topography studies. The operative eye is marked by the surgeon. The patient's questions are addressed and informed consent is obtained. The patient is positioned. A surgical time-out is taken. The eye is prepped and draped. Topical anesthesia is administered.

Description of Intra-Service Work: The horizontal axis of the cornea is marked. A lid speculum is placed. Corneal center and axis marks are placed. The laser fixation ring is applied and positioned with suction. The surgeon checks the laser parameters, which have been entered by the laser technician. The laser applanation cone is applied and centration verified. The superior and inferior intrastromal channels and side cut are created in the cornea with the laser. The applanation cone and fixation ring are removed. The patient is transferred from the laser table to the procedure stretcher within the laser suite and repositioned under the operating microscope. A symmetric glide is used to open the side cut and proximal corneal channels. A ring segment is then inserted into the inferior channel and advanced until fully buried. A second ring segment is inserted into the superior channel and advanced until fully buried. A 10-0 nylon suture is used to close the side-cut incision and the knot is buried. The lid speculum and drapes are removed.

Description of Post-Service Work: The surgeon discusses the procedure with the patient. Instructions on activity limitations and follow-up are given and explained. An operative note is prepared and placed in the patient's medical record. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	David Glasser, MD and Stephen A. Kamenetzky, MD		
Specialty(s):	Ophthalmology		
CPT Code:	65785		
Sample Size:	184	**Resp N:** 34	**Response:** 18.4 %
Description of Sample:	As approved by the Research Subcommittee, due to the limited number of procedures that use this device (FDA classified as an orphan device) the Academy used a convenience panel of ophthalmologists who have been trained by the manufacturer and who have implanted this device since 2013.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**10.00**	20.00	850.00
Survey RVW:	5.00	9.75	**13.60**	16.63	35.69
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**7.50**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	12.00	20.00	**30.00**	30.00	120.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**71.00**	99211x **0.00** 12x **3.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	65785	**Recommended Physician Work RVU: 5.93**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	71.00	99211x **0.00** 12x **3.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65756	090	16.84	**RUC Time**

CPT Descriptor Keratoplasty (corneal transplantation); endothelial

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66982	090	11.08	**RUC Time**

CPT Descriptor Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33213	090	5.53	**RUC Time**	4,719

CPT Descriptor 1 Insertion of pacemaker pulse generator only; with existing dual leads

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
26116	090	6.74	**RUC Time**	3,956

CPT Descriptor 2 Excision, tumor, soft tissue, for vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
33240	090	6.05	**RUC Time**

CPT Descriptor Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 38.2 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 17.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 65785	Top Key Reference CPT Code: 65756	2nd Key Reference CPT Code: **66982**
Median Pre-Service Time	23.00	39.00	25.00
Median Intra-Service Time	30.00	60.00	33.00
Median Immediate Post-service Time	10.00	20.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	71.0	117.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**134.00**	**236.00**	**146.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.62	1.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.23	1.33
Urgency of medical decision making	0.00	0.33
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.46	0.83
Physical effort required	0.54	0.33
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.31	0.17
Outcome depends on the skill and judgment of physician	0.92	0.50

Estimated risk of malpractice suit with poor outcome	0.85	0.50

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.38	0.83

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT 65785 is a new code describing insertion of prosthetic ring segments into the corneal stroma for treatment of keratoconus in patients whose disease has progressed to a degree that they no longer tolerate contact lens wear for visual rehabilitation. The procedure offers lower risk and faster rehabilitation than corneal transplantation. This is typically performed unilaterally and in an office setting. Creation of the channels for ring placement is done in a laser suite. The patient is moved from the laser table to a procedure stretcher within the laser suite for insertion of the rings.

Due to the limited number of providers performing this procedure, the AAO obtained Research Subcommittee approval to perform a survey of 184 ophthalmologists who have been trained by the manufacturer and who have implanted the device since 2013. There were 34 responses (18% response rate); 100% felt the vignette was typical. The median WRVU was 13.60 and the 25th percentile was 9.75. The median IST was 30 minutes. Pre-service package 6A-NF was used, which has less time than the surveyed time. We subtracted 8 minutes from standard post-time package 7A to match the survey. There are three 99212 and one 99213 postop visits, with a total time of 134 minutes.

The expert panel of the AAO, which was familiar with the procedure and the RUC process, reviewed the survey. The panel felt that respondents likely included repositioning and wait time involved in transferring the patient from the laser table to the procedure stretcher within the laser suite (estimated at 3 minutes) in the IST. **Based on the survey times with this adjustment, the panel was comfortable proposing a WRVU of 6.25, below the survey 25th percentile and the reference code value.**

The most frequently chosen reference code, 65756, *Keratoplasty (corneal transplantation), endothelial* was RUC-reviewed in 2008, has a WRVU of 16.84, an IST of 60 minutes, and 6 postoperative visits. Most of the mental effort, skill, intensity and complexity measures were substantially lower for 657X7 compared with the reference code. In the panel's estimation, respondents erroneously selected this code because it describes a corneal procedure rather than because of work similarity for the two services.

There are codes for procedures performed by other specialties and ophthalmology that support the recommended work value. From the MPC list, CPT 33240, *Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead* has 6.05 WRVU, an IST of 45 minutes and total time of 140 minutes. CPT 26116, *Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm* has 6.74 WRVU, an IST of 45 minutes and total time of 201 minutes. Other RUC-reviewed codes which bracket the recommended WRVUs and times include CPT 27267, *Closed treatment of femoral fracture, proximal end, head; without manipulation,* with 5.50 WRVU, an IST of 15 and total time of 171 minutes. CPTs 67916 and 67923, *Repair of ectropion* and *Repair of entropion*, respectively, both carry 5.48 WRVU, ISTs of 25 minutes, and total times of 134 minutes. CPT 25605, *Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture*

of ulnar styloid, when performed; with manipulation has 6.25 WRVU, an IST of 30 and total time of 169 minutes. CPT 67210, *Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation* has 6.36 WRVU, an IST of 15 and total time of 106 minutes. CPT 38305, *Drainage of lymph node abscess or lymphadenitis; extensive* has 6.68 WRVU, an IST of 30 and total time of 186 minutes. All of these codes have similar times and WRVUs to the proposed value for the surveyed code.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0099T Category III code

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 700
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency 0	Percentage 0.00 %	

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 65426

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

____657X7_____
CPT® Codes

___OASIS Medical, Inc._____
Vendor/Company Name

By:

____Chris Boore_____
Printed Signature

____U.S. Sales Manager_____
Title

____10/29/31_____
Date

11
Tab Number

Implantation of cornea ring
Issue

657X7
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Steve Kamentsky
Signature

Stephan A. Kamentskzy, M.D.
Printed Signature

American Academy Ophthalmology
Specialty Society

January 5, 2015
Date

Tab 11
Tab Number

Implantation of cornea ring
Issue

657X7
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

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Signature

David B. Glasser, M.D.
Printed Signature

American Academy of Ophthalmology
Specialty Society

January 5, 2015
Date

SS Rec Summary

ISSUE: Intrastomal Corneal Ring

TAB: 11

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	65756	Corneal trnspl endothelial	51	0.177			16.84			255	33	1	5			60			20						0.5									3	3				
SVY	65785	Implantation of intrastromal corneal ring	34	0.312	5.00	9.75	13.60	16.63	35.69	189	60	7.5	10	12	20	30	30	120	10														1	3					
REC	65785	Implantation of intrastromal corneal ring	34	0.095			5.93			134	15	3	5			30			10														1	3					

CPT Code 65785
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non-Facility Direct Inputs

CPT Long Descriptor:

Global Period: 090 Meeting Date: 01/2015

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a Consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

If you have provided any comparison practice expense inputs on your spreadsheet, please provide a rationale for the selection of codes. Comparison Code Rationale:

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Standard 90-day global times to: Complete pre-service diagnostic & referral forms; Coordinate pre-surgery services; Schedule space and equipment in facility; Provide pre-service education/obtain consent, and follow-up phone calls & prescriptions.

Intra-Service Clinical Labor Activities:

The standard of 6 minutes for discharge day management coordination was utilized.

Post-Service Clinical Labor Activities:

Standard times for three 99212 and one 99213 post-operative office visits as determined by the RUC survey were utilized.

CPT Code 65785
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

Global Period: 090 Meeting Date: 01/2015

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a Consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

If you have provided any comparison practice expense inputs on your spreadsheet, please provide a rationale for the selection of codes. Comparison Code Rationale:

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Standard 90-day global times to: Complete pre-service diagnostic & referral forms; Coordinate pre-surgery services; Schedule space and equipment in facility; Provide pre-service education/obtain consent, and follow-up phone calls & prescriptions.

Intra-Service Clinical Labor Activities:

The standard times were utilized for all clinical labor activities.

Post-Service Clinical Labor Activities:

Standard times for three 99212 and one 99213 post-operative office visits as determined by the RUC survey were utilized.

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**65756**		**65785**	
3	**Meeting Date: January 29, 2015 Tab: Tab 11 Specialty:Ophthalmology**	**CMS Code**	**Staff Type**	Keratoplasty (corneal transplant); endothelial		implantation of intrastromal corneal ring	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**N/A**	**90**	**90**	**90**
6	**TOTAL CLINICAL LABOR TIME**	L038A	COMT/COT/RN	**0.0**	**255.0**	**205.0**	**183.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L038A	COMT/COT/RN	**0.0**	**60.0**	**25.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L038A	COMT/COT/RN	**0.0**	**6.0**	**63.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L038A	COMT/COT/RN	**0.0**	**189.0**	**117.0**	**117.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L038A	COMT/COT/RN/CST		**5**	**5**	**5**
13	Coordinate pre-surgery services	L038A	COMT/COT/RN/CST		**20**		**20**
14	Schedule space and equipment in facility	L038A	COMT/COT/RN/CST		**8**		**8**
15	Provide pre-service education/obtain consent	L038A	COMT/COT/RN/CST		**20**	**10**	**20**
16	Follow-up phone calls & prescriptions	L038A	COMT/COT/RN/CST		**7**	**10**	**7**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L038A	COMT/COT/RN/CST			**3**	
22	Obtain vital signs	L038A	COMT/COT/RN/CST			**3**	
23	Provide pre-service education/obtain consent	L038A	COMT/COT/RN/CST				
24	Prepare room, equipment, supplies	L038A	COMT/COT/RN/CST			**7**	
25	Setup scope (non facility setting only)	L038A	COMT/COT/RN/CST			**0**	
26	Prepare and position patient/ monitor patient/ set up IV	L038A	COMT/COT/RN/CST			**2**	
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	L038A	COMT/COT/RN/CST			**30**	
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff	L038A	COMT/COT/RN/CST			**3**	
36	Clean Scope						
37	Clean Surgical Instrument Package	L038A	COMT/COT/RN/CST			**15**	
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L038A	COMT/COT/RN		**6**		**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)						
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)						
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**65756**		**65785**	
3	**Meeting Date: January 29, 2015 Tab: Tab 11 Specialty:Ophthalmology**	**CMS Code**	**Staff Type**	Keratoplasty (corneal transplant); endothelial		implantation of intrastromal corneal ring	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**N/A**	**90**	**90**	**90**
51	99212 27 minutes		27		**3**	**3**	**3**
52	99213 36 minutes		36		**3**	**1**	**1**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**189.0**	**117.0**	**117.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**65756**		**65785**	
3	**Meeting Date: January 29, 2015 Tab: Tab 11 Specialty:Ophthalmology**	**CMS Code**	**Staff Type**	Keratoplasty (corneal transplant); endothelial		implantation of intrastromal corneal ring	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**N/A**	**90**	**90**	**90**
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, opthalmology visit(no dilation)	SA050	pack		**3**	**4**	**4**
60	pack, opthalmology visit(w/ dilation)	SA082	pack		**3**		
61	pack, cleaning, surgical instruments	SA043	pack			**1**	
62	balanced salt solution(BSS), sterile, 15 cc	SL187	ml			**1**	
63	drape, sterile, fenestrated 16in x 16in (eye)	SB010	item			**1**	
64	gauze, sterile 4in x 4in (10 pack uou)	SG056	item			**1**	
65	eye pad, sterile, strabismus	SG046	item			**2**	
66	gloves, sterile	SB024	pair			**2**	
67	gown, surgical, sterile	SB028	item			**2**	
68	lidocaine 4% soln, topical (Xylocaine)	SH050	ml			**3**	
69	mask, surgical	SB033	item			**2**	
70	povidone soln (Betadine)	SJ041	ml			**5**	
71	shoe covers, surgical	SB039	pair			**2**	
72	cap, surgical	SB001	item			**2**	
73	suture, nylon, 10-0		item			**1**	
74	microsponge, cellulose (10 pack uou)	SG085	item			**1**	
75	intrastromal corneal ring		pair			**1**	
76	patient/laser interface (single-use, disposable)		item			**1**	
77	**EQUIPMENT**	**CODE**					
78	femtosecond laser					**42.0**	
79	Incision programming software					**42.0**	
80	instrument pack, medium ($1500 and up)	EQ138				**57.0**	
81	lane, screening (oph)	EL006			**81**	**117.0**	**117.0**
82	lane, exam (oph)	EL005			**108**		
83	microscope, operating	EQ183				**42**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
090-Day Global Post-Operative Visits Screen

January 2015

Scleral Buckling Retinal Detachment Repair

In January 2014, the RUC reviewed 090-day global services (based on 2012 Medicare utilization data) and identified 10 services, reported at least 1,000 times per year that included more than 6 office visits. The RUC requested these services be surveyed for work and review the practice expense for the January 2015 RUC meeting. CPT code 67113 was identified in this screen and the AAO indicated that 67108 was a related service along with 67112. In October 2014, the CPT Editorial Panel deleted 67112 and revised five codes. Although, the revisions to these codes were considered editorial, they, along with 67110 were added as part of the family of services to be reviewed at the January 2015 RUC meeting.

The specialty explained that they did not submit survey data for CPT codes 67101, 67105, 67107, 67108, 67110 and 67113 at the January 2015 RUC meeting. For 67108 and 67113, it was due to concern over the CMS final decision to transition all surgical codes with 010- and 090-day global period to 000-day globals. Specifically, the specialty was worried that CMS, as they did to several codes in the 2015 Final Rule, would choose to use the reverse building block methodology to value the 090-day globals as a 000-day globals. The RUC noted that CMS has been clear that they will still accept RUC recommendations for surgical global codes which cannot adequately be surveyed, at this time, as 000-day globals. For 67101, 67105, 67107 and 67110, the specialty indicated that they did not submit survey data for these services as the CPT changes to these services were editorial and they did not believe that these codes were part of the same family as CPT codes 67108 and 67113. The RUC had a robust discussion regarding these services, and determined that CPT codes 67101, 67105, 67107, 67108, 67110 and 67113 should all be surveyed as a family for the April 2015 RUC meeting. The RUC reiterated its clear position that given that CPT code 67101, 67105, 67107, 67108, 67110 and 67113 were identified through the RAW process under the 090-day global post-operative visit screen (either directly or indirectly as being part of the same family), the current potentially misvalued code project cannot stop as a long-term strategy is formed to address the surgical global transition. **Therefore, the RUC recommends that survey data be presented for CPT codes (67101, 67105, 67107, 67108, 67110 and 67113) at the April 2015 RUC Meeting.**

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲67101	L1	Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, ~~with or without~~ including drainage of subretinal fluid, when performed	090	RUC Recommends Survey Data Presented in April 2015
▲67105	L2	photocoagulation, ~~with or without~~ including drainage of subretinal fluid when performed	090	RUC Recommends Survey Data Presented in April 2015
▲67107	L3	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), ~~with or without~~ including, when performed, implant, including, when performed, cryotherapy, photocoagulation, and drainage of subretinal fluid	090	RUC Recommends Survey Data Presented in April 2015
▲67108	L4	with vitrectomy, any method, ~~with or without~~ including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	090	RUC Recommends Survey Data Presented in April 2015
67110(f)	L5	by injection of air or other gas (eg, pneumatic retinopexy)	090	RUC Recommends Survey Data Presented in April 2015
~~67112~~		~~by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques~~ (67112 has been deleted. To report, see 67107, *67108*, *67110*,	~~090~~	N/A

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		67113) *(For aspiration or drainage of subretinal or subchoroidal fluid, use 67015)* ~~(For use of ophthalmic endoscope with 67112, use 66990)~~		
▲67113	L6	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, ~~may include~~ including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens *(To report vitrectomy, pars plana approach, other than in retinal detachment surgery, see 67036-67043)* *(For use of ophthalmic endoscope with 67113, use 66990)*	090	RUC Recommends Survey Data Presented in April 2015

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AMERICAN ACADEMY OF OPHTHALMOLOGY
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January 5, 2015

Barbara Levy, M.D.
Chair, Specialty Society Relative-value Update Committee
American Medical Association
AMA Plaza
330 N. Wabash Ave.
Chicago, IL 60611-5885

RE: Tab 12 Retinal Detachment and Tab 22 Ocular Surface Reconstruction

Dear Dr. Levy,

This letter is to confirm our decision relayed in the November 7th, 2014 letter (attached) that we will not be presenting surveys or recommendations for existing 90-day global codes given the CMS final rule decisions regarding global surgical codes. For the January meeting, this is relevant to CPT 67108 and CPT 67113 as assigned to Tab 12 and CPT 65780 for Tab 22.

Within the final rule, CMS gave no clear direction as to how to move forward, and without a clear path we reiterate our previous request that the January RUC meeting would be better spent focusing on how the RUC plans to accomplish this substantial task for revisiting all codes with global periods, so there is clarity and uniformity of the process going forward. Consistency of process is critical to maintain the relativity of a relational database where fair values are obtained over time.

Thank you,

Michael X. Repka, M.D.
American Academy of Ophthalmology
Medical Director, Government Affairs

November 10, 2014

Barbara Levy, M.D.
Chair, Specialty Society Relative-value Update Committee
American Medical Association
AMA Plaza
330 N. Wabash Ave.
Chicago, IL 60611-5885

Dear Dr. Levy,

Our Academies are writing to request that the RUC allow societies to defer surveys of RUC-valued 010-day and 090-day global services for the January 2015 meeting. Given the CMS final rule to eliminate the surgical bundles for 10- and 90-day codes in the near future, we are concerned that moving forward at this time with surveys of codes with global periods will create a situation where work values must be reconsidered almost as soon as they have been created.

This increases cost to societies and would be an inefficient use of the RUC's time given the codes will likely have to be revisited in the near future. It is a logical conclusion that the methodology used to value these codes moving forward will be significantly different than the current survey method. Within the final rule, CMS gave no clear direction as to how to move forward, and without a clear path we believe the time at the January RUC meeting would be better spent focusing on how the RUC plans to accomplish this substantial task for all codes with global periods, so there is clarity and uniformity of the process going forward. Consistency of process is critical to maintain the relativity of a relational database where values are obtained over time.

We note that in the 2015 Medicare Physician Fee Schedule final rule CMS encourages groups to minimize the number of recommendations submitted to them after January. In the rule CMS agreed to suspend the valuation of certain codes previously identified for review in order to allow further time for review and discussion. We have conferred with CMS Practitioner Services staff about this issue. CMS staff indicated that the request to minimize recommendations extends to all RUC considerations, including other screens from the Relative-value Assessment Workgroup, such as the 010 and 090 codes with a high number post-operative office visits. With the elimination of post-operative visits from surgical bundles, our organizations believe this is another screen that should be deferred. Additionally, we note that CMS did not incorporate the post-operative visit screen as part of its Misvalued Services review list within rulemaking and there is not a pending CMS timeline for reviews required by the post-operative visits RAW screen.

Thank you for your consideration of this important issue. We are suspending our survey processes until there are assurances of how 10-day and 90-day codes will be appropriately considered during the meeting given the strategic discussion regarding the global period issue will not occur until after the RUC has finished its deliberations on Saturday. We are happy to discuss this important matter either in the near future or at the upcoming meeting as the RUC considers a deliberative process for moving forward.

Sincerely,

Steve Kamenetzky

Stephen A. Kamenetzky, M.D.
American Academy of Ophthalmology
RUC Advisor

John T. Lanza, M.D.
AAO – HNS
Alternate RUC Advisor

cc: Dr. David W. Parke, MD, EVP/CEO American Academy of Ophthalmology
Dr. David Nielsen, MD, FACS, EVP/CEO AAOHNS

AMA
AMERICAN MEDICAL ASSOCIATION

ama-assn.org
t (312) 464-5000

November 13, 2014

Stephen A. Kamenetzky, MD
American Academy of Ophthalmology
340 New Salem Drive
St. Louis, MO 63141

John T. Lanza, MD
American Academy of Otolaryngology - Head and Neck Surgery
1801 SE Hillmoor Dr., Suite B-105
Port St. Lucie, FL 34952

Dear Doctors Kamenetzky and Lanza,

Thank you for your letter of November 10. I sincerely understand your concern regarding the Centers for Medicare and Medicaid Services (CMS) decision to transition CPT codes with 010 and 090 day global periods to a 000 day global period and the impact that this may have on the valuation of your services. You have already received notification that the RUC will begin a discussion regarding this decision and our next steps as a medical community in addressing coding and valuation issues. I strongly urge you both to attend the RUC strategy session on Saturday, January 31.

While the RUC will convene a strategy session and begin discussing the multitude of issues that require careful consideration, including: coding, work value methodology, practice expense, professional liability and the overall work plan, it is unrealistic that answers will be available to you on January 31. These discussions and decisions will be determined with participation of all of those specialties impacted and will take several months. There is no advantage at all for you in postponing your scheduled January agenda items to April. Further, the RUC's April agenda is predicted to be quite heavy as the CPT Editorial Panel is considering more than 100 coding proposals at its February 2015 meeting. Therefore, I am unable to grant your request to postpone the review of your scheduled January agenda items. I'd add that while CMS postponed its high expenditure screen for the immediate future, the RUC did not take any action to delay our screening process. I will not supersede decisions already made by the RUC to assign specific codes for review at the January meeting.

Staff from the American Medical Association (AMA) immediately discussed the global period issue with CMS staff upon release of the Final Rule. On October 31, you were informed of this discussion. AMA staff subsequently convened discussions with your staff to assure them that CMS understands that you will be surveying the codes with 090 day global periods. It is understood that there is currently no other methodology that would appropriately measure these services based on magnitude estimation. Surgical specialties submitting coding changes for major surgical procedures will benefit most by retaining a voice in valuation of these services during this transition process.

Thank you for reaching out to me to convey your concerns. I would offer that AMA staff can assist you in conducting effective surveys, particularly with the use of the Qualtrics system, updated to include the latest improvements and revisions implemented by the RUC at the September 2014 meeting.

Sincerely,

Barbara S. Levy, MD

cc: David W. Parke, MD
David Nielsen, MD

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2015

Cerumen Removal - PE Only

At the October 2014 CPT Editorial Panel Meeting a new code was established for removal of impacted cerumen using irrigation lavage. The PE Subcommittee reviewed this issue which is performed by a RN/LPN/MTA L037D in the nonfacility setting. This service is typically performed on the same day as an evaluation and management service. The PE Subcommittee had a robust discussion of potential duplication between the E/M and this service, but ultimately determined that the pre-service and post-service portions of the service period are not duplicative of the work that is done during the E/M service. The Subcommittee was particularly concerned that separate cleaning time was needed for this service and determined that the time was warranted given that water is being used and the procedure is typically messy, which is compounded by the fact that it is typically performed on a child, whom may have a hard time sitting still. The RUC reviewed and approved the direct practice expense inputs with the following minor modifications as approved by the Practice Expense Subcommittee:

- The pack, minimum multi-specialty visit (SA048) was removed because it is duplicative of the E/M service
- All equipment minute calculations were updated to include the appropriate line items.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Auditory System** **External Ear** **Removal**				
Removal impacted cerumen requiring instrumentation, unilateral				
(For bilateral procedure, report 69210 with modifier 50)				
(For removal of impacted cerumen achieved with irrigation and/or lavage but without instrumentation, use 69209)				
(Do not report 69210 in conjunction with 69209 when performed on the same ear)				

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(For cerumen removal that is not impacted ~~or does not require instrumentation, eg, by irrigation only~~, see E/M service code, which may include new or established patient office or other outpatient services [99201-99215], hospital observation services [99217-99220, 99224-99226], hospital care [99221-99223, 99231-99233], consultations [99241-99255], emergency department services [99281-99285], nursing facility services [99304-99318], domiciliary, rest home, or custodial care services [99324-99337], home services [99341-99350])				
●69209	M1	Removal of impacted cerumen using irrigation/lavage, unilateral (Do not report 69209 in conjunction with 69210 when performed on the same ear) (For bilateral procedure, report 69209 with modifier 50) (For removal of impacted cerumen requiring instrumentation, use 69210) (For cerumen removal that is not impacted, see E/M service code, which may include new or established patient office or other outpatient services [99201-99215], hospital observation services [99217-99220, 99224-99226], hospital care [99221-99223, 99231-99233], consultations [99241-99255], emergency department services [99281-99285], nursing facility services [99304-99318], domiciliary, rest home, or custodial care services [99324-99337], home services [99341-99350])	000	PE Only

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Tab 13/Tracking Code M1
Tab Number

Cerumen Removal
Issue

692XX
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Steven E. Krug, MD, FAAP
Printed Signature

American Academy of Pediatrics (AAP)
Specialty Society

11/20/14
Date

CPT Code: 69209 (Tab 13; Tracking Code M1)
Specialty Societies: AAFP and AAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: **Removal of impacted cerumen using irrigation/lavage, unilateral**

Global Period: **000** Meeting Date: **January 2015**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A joint AAFP-AAP expert panel formulated direct practice expense input recommendations for code 69209 utilizing the RUC-approved inputs for reference code 69210.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Code 69210 is utilized as the reference code as it represents a similar service to the one described by 69209. Code 69210 is reported when cerumen removal is done by a physician or other qualified health care professional using instrumentation. As an alternative approach to impacted cerumen removal, code 69209 describes use of irrigation or lavage by clinical staff. The reason for performing irrigation/lavage in a patient is that effective cerumen removal may be achieved without instrumentation and generally with greater comfort.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: N/A

Intra-Service Clinical Labor Activities: Provide patient education/obtain consent; prepare room/equipment/supplies; prepare and position patient; perform procedure; clean room/equipment

Post-Service Clinical Labor Activities: N/A

CPT Code: 69209 (Tab 13; Tracking Code M1)
Specialty Societies: AAFP and AAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: **Removal of impacted cerumen using irrigation/lavage, unilateral**

Global Period: **000** Meeting Date: **January 2015**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A joint AAFP-AAP expert panel formulated direct practice expense input recommendations for code 69209 utilizing the RUC-approved inputs for reference code 69210.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Code 69210 is utilized as the reference code as it represents a similar service to the one described by 69209. Code 69210 is reported when cerumen removal is done by a physician or other qualified health care professional using instrumentation. As an alternative approach to impacted cerumen removal, code 69209 describes use of irrigation or lavage by clinical staff. The reason for performing irrigation/lavage in a patient is that effective cerumen removal may be achieved without instrumentation and generally with greater comfort.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: **N/A**

Intra-Service Clinical Labor Activities: **N/A**

Post-Service Clinical Labor Activities: **N/A**

	A	B	C	D	E	F	G
1	**Updated 1/29/15 Per PE SubC Recommendations**			**REFERENCE CODE**			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**69210 (January 2013 RUC)**		**69209**	
3	**Meeting Date: January 2015 Tab: 13 Specialties: AAFP and AAP**	**CMS Code**	**Staff Type**	Removal impacted cerument requiring instrumentation, unilateral		Removal of impacted cerumen using irrigation/lavage, unilateral	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**23.0**	**0.0**	**17.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**23.0**	**0.0**	**17.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**	**3**		**3**	
24	Prepare room, equipment, supplies	**L037D**	**RN/LPN/MTA**	**2**		**2**	
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV	**L037D**	**RN/LPN/MTA**	**2**		**2**	
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	~~(Assist physician in)~~ Performing procedure	**L037D**	**RN/LPN/MTA**	**10**		**7**	
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff	**L037D**	**RN/LPN/MTA**	**3**		**3**	
36	Clean Scope						
37	Clean Surgical Instrument Package	**L037D**	**RN/LPN/MTA**	**3**		**0**	
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1	**Updated 1/29/15 Per PE SubC Recommendations**			**REFERENCE CODE**			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**69210 (January 2013 RUC)**		**69209**	
3	**Meeting Date: January 2015 Tab: 13 Specialties: AAFP and AAP**	**CMS Code**	**Staff Type**	Removal impacted cerument requiring instrumentation, unilateral		Removal of impacted cerumen using irrigation/lavage, unilateral	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack	**1**		**0**	
60	basin, emesis	SJ010	item	**1**		**1**	
61	curette for ear cerumen	SF023	item	**2**		**0**	
62	applicator, cotton-tipped, non-sterile 6in	SG008	item	**2**		**2**	
63	specula tips, otoscope	SM025	item	**1**		**1**	
64	underpad 2ft x 3ft (Chux)	SB044	item			**2**	
65	earwash bottle disposable tips	NEW	item			**1**	
66	hydrogen peroxide	SJ028	mL			**15**	
67	**EQUIPMENT**	**CODE**					
68	table, exam	EF023		**20 min**		**17**	
69	light, exam	EQ168		**20 min**		**17**	
70	otoscope-ophthalmoscope (wall unit)	EQ189		**10 min**		**17**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2015

Radiologic Exam - Spinal Curvature and Instability

In October 2014, the CPT Editorial Panel deleted three codes, revised one code and created four new codes to standardize the hierarchy and nomenclature for this code family.

72081 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
The RUC reviewed the survey results from 50 radiologists, neuroradiologists and orthopaedic surgeons and agreed with the following physician time components: pre-service time of 1 minute, intra-service time of 5 minutes, and immediate post-service time of 1 minute.

The RUC reviewed the respondents' estimated median work RVU of 0.30 and agreed with the specialties that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.30, the RUC reviewed the top two key reference services: CPT code 74020 *Radiologic examination, abdomen; complete, including decubitus and/or erect views* (work RVU= 0.27, total time= 5 minutes) and CPT code 72110 *Radiologic examination, spine, lumbosacral; minimum of 4 views* (work RVU= 0.31, total time= 8 minutes. The RUC agreed that the surveyed code, with 7 minutes of total time and a work RVU of 0.30, is accurately bracketed between the two services. In addition, the RUC compared 72081 to MPC code 72114 *Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views* (work RVU= 0.32, total time= 8 minutes) and agreed that the recommended work value and physician times accurately value the surveyed code slightly less than this reference code. **The RUC recommends a work RVU of 0.30 for CPT code 72081.**

72082 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
The RUC reviewed the survey results from 50 radiologists, neuroradiologists and orthopaedic surgeons and agreed with the following physician time components: pre-service time of 1 minute, intra-service time of 6 minutes, and immediate post-service time of 1 minute.

The RUC reviewed the respondents' estimated median work RVU of 0.35 and agreed with the specialties that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.35, the RUC reviewed the top two key reference services: CPT code 72110 *Radiologic examination, spine, lumbosacral; minimum of 4 views* (work RVU= 0.31, total time= 8 minutes and MPC code 72114 *Radiologic examination,*

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spine, lumbosacral; complete, including bending views, minimum of 6 views (work RVU= 0.32, total time= 8 minutes). The RUC agreed that the surveyed code should be valued slightly higher than both these reference services because 72082 has higher intra-service time compared to the reference services (6 minutes compared to 5 minutes). The RUC also compared 72082 to the family code 72081 and agreed that the 2 or 3 view x-ray should be valued higher than the single view. **The RUC recommends a work RVU of 0.35 for CPT code 72082.**

72083 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
The RUC reviewed the survey results from 50 radiologists, neuroradiologists and orthopaedic surgeons and agreed with the following physician time components: pre-service time of 1 minute, intra-service time of 7 minutes, and immediate post-service time of 1 minute.

The RUC reviewed the respondents' estimated median work RVU of 0.39 and agreed with the specialties that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.39, the RUC reviewed the top two key reference services: MPC code 72114 *Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views* (work RVU= 0.32, total time= 8 minutes) and 72052 *Radiologic examination, spine, cervical; 6 or more views* (work RVU= 0.36, total time= 8 minutes). The RUC agreed that the surveyed code should be valued slightly higher than both these reference services because 72083 has higher intra-service time compared to the reference codes (7 minutes compared to 5 minutes). To further justify this value, the RUC compared 72083 *4 or 5 views* to the family code 72082 *2 or 3 views* and agreed that 72083 is appropriately valued slightly higher, due to greater total time of 9 minutes compared to 8 minutes. **The RUC recommends a work RVU of 0.39 for CPT code 72083.**

72084 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views
The RUC reviewed the survey results from 50 radiologists, neuroradiologists and orthopaedic surgeons and agreed with the following physician time components: pre-service time of 1 minute, intra-service time of 8 minutes, and immediate post-service time of 1 minute.

The RUC reviewed the respondents' estimated median work RVU of 0.45 and agreed with the specialties that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.45, the RUC reviewed the top two key reference services: MPC code 72114 *Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views* (work RVU= 0.32, total time= 8 minutes) and 72052 *Radiologic examination, spine, cervical; 6 or more views* (work RVU= 0.36, total time= 8 minutes). The RUC agreed that the surveyed code should be valued slightly higher than both these reference services because 72084 has higher intra-service time compared to the reference codes (8 minutes compared to 5 minutes). To further justify this value, the RUC compared 72084 to the rest of the surveyed spine x-ray family of services and agreed that this service should be valued the highest due to having the greatest amount of physician work and total time (10 minutes). **The RUC recommends a work RVU of 0.45 for CPT code 72084.**

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RUC Review of Family Services:
The RUC noted that several additional spine codes were added as part of the initial review of this tab. However the RUC agreed with the specialty society that the following services (72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72100, 72110, 72114 and 72120) were not part of the family of spinal curvature and instability services as described by 72081-84. Spinal curvature and instability is a different family than the other spine plain film codes. Spinal curvature and instability radiography (multi-segment spine radiography) differs from the standard radiograph of a single region of the spine (e.g. lumbar spine radiography) in that, while both techniques allow for evaluation of local or regional pathology of the spine, spinal curvature and instability radiography of the entire spine is required to evaluate more extensive pathology involving multiple levels of the spine or even the entire spine and body. Furthermore, evolution to digital imaging also supports the important differences between the spinal curvature and instability family and the other spine codes. In the past, the coverage of this type of imaging was limited to the region of the body that would fit onto a long film cassette. However, with the advancement of new digital imaging techniques, the region of coverage is no longer limited as the various acquisitions can be digitally "pasted" into a single image for interpretation.

Practice Expense:
The RUC reviewed and approved the direct practice expense inputs with the following minor modifications as approved by the Practice Expense Subcommittee:

- The specialty did not have the pre-service digital inputs listed, so in order to be consistent with the codes included in the transition from film to digital imaging, the clinical staff time for availability of prior images confirmed, was added and assigned 2 minutes to meet baseline standards for digital imaging (line 17).
- The specialty did not have the pre-service digital inputs listed, so in order to be consistent with the codes included in the transition from film to digital imaging, the clinical staff time for patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist, was added and assigned 2 minutes to meet baseline standards for digital imaging (line 18).

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Diagnostic Radiology (Diagnostic Imaging) **Spine and Pelvis**				
~~D72010~~		~~Radiologic examination, spine, entire, survey study, anteroposterior and lateral~~ (72010 has been deleted. To report, use 72082)	~~XXX~~	N/A
72020 Radiologic examination, spine, single view, specify level (For a single view that includes the entire thoracic and lumbar spine, use 72081)				
~~D72069~~		~~Radiologic examination, spine, thorocolumbar, standing (scoliosis)~~ (72069 has been deleted. To report, see 72081, 72082, 72083, 72084)	~~XXX~~	N/A
▲72080		Radiologic examination, spine; thoracolumbar junction, minimum of 2 views (For a single view examination of the thoracolumbar junction, use 72020)	XXX	0.22 (no change)
•72081	N1	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	XXX	0.30
•72082	N2	2 or 3 views	XXX	0.35
•72083	N3	4 or 5 views	XXX	0.39
•72084	N4	minimum of 6 views	XXX	0.45

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~~D72090~~		~~Radiological examination, spine; scoliosis study, including supine and erect studies~~ (72090 has been deleted. To report, see 72081, 72082, 72083, 72084)	XXX	N/A

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January 6, 2015

Barbara Levy, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
515 North State Street
Chicago, Illinois 60654

Subject: Spinal Curvature and Instability Family

Dear Dr. Levy,

The CPT Editorial Panel (EP) created four new codes to describe plain film evaluation of the entire spine, such as for scoliosis evaluation, at the October 2014 Panel Meeting. The code change proposal was brought forth by the American College of Radiology (ACR), the American Roentgen Ray Society (ARRS), and the Radiological Society of North America (RSNA) to address coding inconsistencies in the reporting of spinal curvature and instability services, such as scoliosis evaluation. None of these codes were identified by the Relativity Assessment Workgroup or the Centers for Medicare & Medicaid Services. The new codes are as follows:

CPT	Descriptor
7208X1	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
7208X2	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
7208X3	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
7208X4	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views

The specialty societies elected not to expand the "Spinal Curvature and Instability" family and have opted to survey only the new codes, 7208X1-7208X4, for the January 2015 RUC meeting for the following reasons:

1. Surveying every spine code along with the new spinal curvature and instability codes would preclude an accurate valuation of the new spinal curvature and instability codes. To survey every spine code would limit the codes for comparison by our survey respondents. This is the also the reason we included some of the recently RUC-reviewed spine x-ray codes in the reference service list (RSL) for the new spinal curvature and instability family codes. The Resource-Based Relative Value Scale (RBRVS) functions under the premise that the existing RVUs are accurate and enable relativity comparisons as new codes enter the Medicare Physician Fee Schedule.

2. The spinal curvature and instability family is a different family than the other spine plain film codes. Spinal curvature and instability radiography (multisegment spine radiography) differs from the standard radiograph of a single region of the spine (e.g. lumbar spine radiography) in that, while both techniques allow for evaluation of local or regional pathology of the spine (e.g. Local - vertebral body fracture, degenerative disc disease, vertebral anomaly etc.; Regional – deformity isolated to a single region), spinal curvature and instability radiography of the entire spine is required to evaluate more extensive pathology involving multiple levels of the spine or even the entire spine and body. For example, the evaluation of coronal imbalance necessitates that the left or right lateral deviation of the C7 vertebral body relative to the S1 vertebral body be measured in the standing position. In essence, this measure is assessing if the head is centered over the pelvis. This measurement requires an image of the entire spine obtained in the standing position and cannot be made off of individual level radiographs. A similar measurement on a lateral image can be used to assess the sagittal imbalance.

3. Evolution to digital imaging also supports the important differences between the spinal curvature and instability family and the other spine codes. In the past, the coverage of this type of imaging was limited to the region of the body that would fit onto a long film cassette. However, with the advancement of new digital imaging techniques, the region of coverage is no longer limited as the various acquisitions can be digitally "pasted" into a single image for interpretation. The new DR and scanning line source techniques can essentially cover from skull through toes (skull through pelvis is typical). This allows for a more detailed assessment of overall alignment. In addition to the traditional angle used to quantify the degree of scoliosis and kyphosis, the amount of lateral deviation and coronal and sagittal imbalance can be measured.

Should you have any questions, please feel free to contact ACR RUC staff, Stephanie Le, at 800-227-5463, ext. 4584 or via email sle@acr.org.

Sincerely,

Ezequiel Silva, III, MD
ACR RUC Advisor

Gregory Nicola, MD
ASNR RUC Advisor

William Creevy, MD
AAOS RUC Advisor

cc: Sherry Smith

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72081 Tracking Number N1 Original Specialty Recommended RVU: **0.30**
Presented Recommended RVU: **0.30**
Global Period: XXX RUC Recommended RVU: **0.30**

CPT Descriptor: Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 17-year-old female undergoing spinal fusion. Single view performed to evaluate alignment and instrumentation positioning.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review clinical history and any prior applicable plain film or other imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination.
Interpret radiographs of the spine. Count and label all vertebrae noting any transitional vertebrae or supernumerary vertebrae. Assess the morphology, alignment and integrity of the vertebral bodies. Evaluate joint spacing and alignment, including the measurements of angles, pelvic tilt and relative hip height. Review paraspinal soft tissues and visualized portions of the chest, abdomen, hips, and pelvis.
Compare the exam findings to previous studies, if applicable.
Dictate report for the medical record.

Description of Post-Service Work: Review and sign final report.
Communicate findings to referring physician, when needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Daniel Wessell, MD; Greg Nicola, MD; Josh Hirsch, MD; William Creevy, MD; John Heiner, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology, American Academy of Orthopaedic Surgeons				
CPT Code:	72081				
Sample Size:	3339	**Resp N:** 50	**Response:** 1.4 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	10.00	**30.00**	50.00	300.00
Survey RVW:	0.12	0.22	**0.30**	0.34	0.75
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	3.00	**5.00**	5.00	12.00
Immediate Post Service-Time:	**1.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72081	**Recommended Physician Work RVU: 0.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74020	XXX	0.27	**RUC Time**

CPT Descriptor Radiologic examination, abdomen; complete, including decubitus and/or erect views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72110	XXX	0.31	**RUC Time**

CPT Descriptor Radiologic examination, spine, lumbosacral; minimum of 4 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72114	XXX	0.32	**RUC Time**	88,080

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 24.0 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72081	Top Key Reference CPT Code: 74020	2nd Key Reference CPT Code: **72110**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	5.00	3.00	5.00
Median Immediate Post-service Time	1.00	1.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**7.00**	**5.00**	**8.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.25	0.10
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.42	0.10
Urgency of medical decision making	0.50	-0.10
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.83	0.10
Physical effort required	0.75	0.30
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.42	-0.20
Outcome depends on the skill and judgment of physician	0.58	0.00
Estimated risk of malpractice suit with poor outcome	0.42	-0.20

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.42	-0.10

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:
The CPT Editorial Panel created four new codes to describe plain film evaluation of the entire spine, such as for scoliosis evaluation.

The four new codes comprising the spinal curvature and instability family are as follows:

CPT	Descriptor
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views

These "spinal curvature and instability radiography" studies are required to evaluate more extensive pathology involving multiple levels of the spine or even the entire spine and body. For example, the evaluation of coronal imbalance necessitates that the leftward or rightward lateral deviation of the C7 vertebral body relative to the S1 vertebral body be measured in the standing position. In essence, this measure is assessing if the head is centered over the pelvis. This measurement requires an image of the entire spine obtained in the standing position and cannot be made off of individual level radiographs. A similar measurement on a lateral image can be used to assess the sagittal imbalance.

Survey Process:
The American College of Radiology (ACR), the American Society of Neuroradiology (ASNR), and the American Academy of Orthopaedic Surgeons (AAOS) performed a random survey of our respective members. Only the ACR and ASNR received surveys from their members. The random selection from the AAOS membership did not result in orthopaedic surgeons who typically perform spine procedures related to these specific spinal curvature and instability codes. The ACR, ASNR, and AAOS gathered an expert panel, including a number of physicians familiar with these services, to review the data and develop the following recommendations.

Summary of Time and wRVU Recommendations for all Four Survey Codes:
We recommend the median wRVU and service period times for all four codes.

Compelling Evidence
These new spinal curvature and instability x-ray codes are new codes, created to address the confusion and inconsistency inherent to the existing scoliosis and spine survey codes and to parallel the structure of other plain film codes. Given the inconsistency in coding, our recommendations may not be budget neutral, necessitating compelling evidence discussions. These new codes do modernize the reporting of scoliosis and spine survey planning, and capture the greater complexity involved in such evaluation. This code family helps characterize abnormal spinal curvature and instability by severity and etiology. The vertical orientation of the spine results in pathologic instability and curvature occurring sometimes remote from the actual site of pathology. For, example, a butterfly vertebrae in the mid thoracic region resulting in a thoracic scoliosis may also result in abnormal compensatory curvature in the cervical and/or lumbar regions. Simply imaging one of these regions can be misleading. Additionally, surgical and non-surgical treatments could lead to regions of improvement and/or worsening depending on the shifts of center of gravity, necessitating full spine imaging to assess true response to therapy. When assessing these total spine x-rays, it is necessary count vertebral body numbers (labelling each vertebrae from the top-down approach). This allows the reviewer to assess for transitional vertebrae, as well as supernumerary vertebrae, hemivertebrae, hypoplastic vertebrae, etc. The reviewer will also assess over spinal alignment noting listheses in the coronal and/or sagittal directions. Spinal coronal curvature angle measurements will also be obtained (often requiring more than one

measurement to accurately account for any compensatory curvatures cephalad or caudad to the primary curvature). The overall kyphosis or lordosis (sagittal curvature) of each spinal level may also be measured depending on the clinical indication.

72081 (Entire spine evaluation; one view)

Work RVU Recommendation:
We recommend the median work RVU of 0.30.

Time Recommendation:
We recommend the median survey times: 1 minute pre-service, 5 minutes intra-service, and 1 minute post-service.

Key Reference Service:
Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 74020 *(Radiologic examination, abdomen; complete, including decubitus and/or erect views)* chosen by 24% of respondents and 72110 *(Radiologic examination, spine, lumbosacral; minimum of 4 views)* chosen by 20% of respondents. 72081 is bracketed in wRVUs by the two KRS codes with 2 minutes more intra time than 74020 and the same intra time as 72110. The surveyed code is scored slightly more complex on the majority of complexity measurements than the two KRS codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74020	X-ray, abdomen; complete	0.27	5	1	3	1	0.075
72081	**Entire spine x-ray; one view**	**0.30**	**7**	**1**	**5**	**1**	**0.051**
72110	X-ray, spine, lumbosacral; min 4 views	0.31	8	1	5	2	0.049

MPC Code:
Our recommendation compares favorably to MPC code 72114 *(Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views)* which has a slightly higher RVU, the same intra-service time, and one more minute of total time. The IWPUT of these two exams is identical.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72081	**Entire spine x-ray; one view**	**0.30**	**7**	**1**	**5**	**1**	**0.051**
72114	X-ray, spine, lumbosacral; min 6 views	0.32	8	1	5	2	0.051

Comparison to Other codes in the Spinal Curvature and Instability Family
Our recommendations maintain appropriate relativity across the spinal curvature and instability family:

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72081	Entire spine x-ray; one view	0.30	7	1	5	1	0.051
72082	Entire spine x-ray; 2 or 3 views	0.35	8	1	6	1	0.051
72083	Entire spine x-ray; 4 or 5 views	0.39	9	1	7	1	0.049
72084	Entire spine x-ray; min 6 views	0.45	10	1	8	1	0.051

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72069

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 73674
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 7208X1 provided nationally in a one-year period is estimated to be 73,674.

Specialty Diagnostic Radiology Frequency 54480 Percentage 73.94 %

Specialty Orthopedic Surgery Frequency 11843 Percentage 16.07 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 24,558 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2013 Medicare data estimates that CPT code 72081 will be billed approximately 24,558 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 18160 Percentage 73.94 %

Specialty Orthopedic Surgery Frequency 3948 Percentage 16.07 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 72050

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72082 Tracking Number N2 Original Specialty Recommended RVU: **0.35**
Presented Recommended RVU: **0.35**
Global Period: XXX RUC Recommended RVU: **0.35**

CPT Descriptor: Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female with chronic back pain and kyphosis. Evaluate for coronal or sagittal imbalance.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work: Review clinical history and any prior applicable plain film or other imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination.
Interpret radiographs of the spine. Count and label all vertebrae noting any transitional vertebrae or supernumerary vertebrae. Assess the morphology, alignment and integrity of the vertebral bodies. Evaluate joint spacing and alignment, including the measurements of angles, pelvic tilt and relative hip height. Review paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis.
Compare the exam findings to previous studies, if applicable.
Dictate report for the medical record.

Description of Post-Service Work: Review and sign final report.
Communicate findings to referring physician, when needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Daniel Wessell, MD.; Greg Nicola, MD; Josh Hirsch, MD; William Creevy, MD; John Heiner, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology, American Academy of Orthopaedic Surgeons				
CPT Code:	72082				
Sample Size:	3339	**Resp N:** 50	**Response:** 1.4 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	15.00	**40.00**	74.00	1000.00
Survey RVW:	0.20	0.29	**0.35**	0.38	1.00
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	4.00	**6.00**	7.00	15.00
Immediate Post Service-Time:	**1.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72082	**Recommended Physician Work RVU: 0.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**6.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72110	XXX	0.31	**RUC Time**

CPT Descriptor Radiologic examination, spine, lumbosacral; minimum of 4 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72114	XXX	0.32	**RUC Time**

CPT Descriptor Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72114	XXX	0.32	**RUC Time**	88,233

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 28.0 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 22.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72082	Top Key Reference CPT Code: 72110	2nd Key Reference CPT Code: **72114**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	6.00	5.00	5.00
Median Immediate Post-service Time	1.00	2.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**8.00**	**8.00**	**8.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.07	0.27
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.07	0.45
Urgency of medical decision making	0.07	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.29	0.27
Physical effort required	0.29	0.45
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.07	-0.27
Outcome depends on the skill and judgment of physician	0.29	0.00
Estimated risk of malpractice suit with poor outcome	0.07	-0.27

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.00	0.45

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:
The CPT Editorial Panel created four new codes to describe plain film evaluation of the entire spine, such as for scoliosis evaluation.

The four new codes comprising the spinal curvature and instability family are as follows:

CPT	Descriptor
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views

These "spinal curvature and instability radiography" studies are required to evaluate more extensive pathology involving multiple levels of the spine or even the entire spine and body. For example, the evaluation of coronal imbalance necessitates that the leftward or rightward lateral deviation of the C7 vertebral body relative to the S1 vertebral body be measured in the standing position. In essence, this measure is assessing if the head is centered over the pelvis. This measurement requires an image of the entire spine obtained in the standing position and cannot be made off of individual level radiographs. A similar measurement on a lateral image can be used to assess the sagittal imbalance.

Survey Process:
The American College of Radiology (ACR), the American Society of Neuroradiology (ASNR), and the American Academy of Orthopaedic Surgeons (AAOS) performed a random survey of our respective members. Only the ACR and ASNR received surveys from their members. The random selection from the AAOS membership did not result in orthopaedic surgeons who typically perform spine procedures related to these specific spinal curvature and instability codes. The ACR, ASNR, and AAOS gathered an expert panel, including a number of physicians familiar with these services, to review the data and develop the following recommendations.

Summary of Time and wRVU Recommendations for all Four Survey Codes:
We recommend the median wRVU and service period times for all four codes.

Compelling Evidence
These new spinal curvature and instability x-ray codes are new codes, created to address the confusion and inconsistency inherent to the existing scoliosis and spine survey codes and to parallel the structure of other plain film codes. Given the inconsistency in coding, our recommendations may not be budget neutral, necessitating compelling evidence discussions. These new codes do modernize the reporting of scoliosis and spine survey planning, and capture the greater complexity involved in such evaluation. This code family helps characterize abnormal spinal curvature and instability by severity and etiology. The vertical orientation of the spine results in pathologic instability and curvature occurring sometimes remote from the actual site of pathology. For, example, a butterfly vertebrae in the mid thoracic region resulting in a thoracic scoliosis may also result in abnormal compensatory curvature in the cervical and/or lumbar regions. Simply imaging one of these regions can be misleading. Additionally, surgical and non-surgical treatments could lead to regions of improvement and/or worsening depending on the shifts of center of gravity, necessitating full spine imaging to assess true response to therapy. When assessing these total spine x-rays, it is necessary count vertebral body numbers (labelling each vertebrae from the top-down approach). This allows the reviewer to assess for transitional vertebrae, as well as supernumerary vertebrae, hemivertebrae, hypoplastic vertebrae, etc. The reviewer will also assess over spinal alignment noting listheses in the coronal and/or sagittal directions. Spinal coronal curvature angle measurements will also be obtained (often requiring more than one

measurement to accurately account for any compensatory curvatures cephalad or caudad to the primary curvature). The overall kyphosis or lordosis (sagittal curvature) of each spinal level may also be measured depending on the clinical indication.

72082 (Entire spine evaluation; 2 or 3 views)

Work RVU Recommendation:
We recommend the median work RVU of 0.35.

Time Recommendation:
We recommend the median survey times: 1 minute pre-service, 6 minutes intra-service, and 1 minute post-service.

Key Reference Service:
Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 72110 *(Radiologic examination, spine, lumbosacral; minimum of 4 views)* chosen by 28% of respondents and 72114 *(Radiologic examination, spine, lumbosacral; complete, including bending views; minimum of 6 views)* chosen by 22% of respondents. Both KRS codes have slightly lower wRVUs, comparable service period times, and the exact same total time. The surveyed code is scored slightly more complex on the majority of complexity measurements than the two KRS codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72110	X-ray, spine, lumbosacral; min 4 views	0.31	8	1	5	2	0.049
72114	X-ray, spine, lumbosacral; min 6 views	0.32	8	1	5	2	0.051
72082	**Entire spine x-ray; 2 or 3 views**	**0.35**	**8**	**1**	**6**	**1**	**0.051**

MPC Code:
Our recommendation compares favorably to MPC code 72114 *(Radiologic examination, spine, lumbosacral; complete, including bending views; minimum of 6 views)*, which is also the second most commonly chosen KRS. 72114 has a slightly lower wRVU, comparable service period times, and the exact same total time.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72114	X-ray, spine, lumbosacral; min 6 views	0.32	8	1	5	2	0.051
72082	**Entire spine x-ray; 2 or 3 views**	**0.35**	**8**	**1**	**6**	**1**	**0.051**

Comparison to Other codes in the Spinal Curvature and Instability Family
Our recommendations maintain appropriate relativity across the spinal curvature and instability family:

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72081	Entire spine x-ray; one view	0.30	7	1	5	1	0.051
72082	Entire spine x-ray; 2 or 3 views	0.35	8	1	6	1	0.051
72083	Entire spine x-ray; 4 or 5 views	0.39	9	1	7	1	0.049
72084	Entire spine x-ray; min 6 views	0.45	10	1	8	1	0.051

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72010, 72090

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 127237
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 7208X2 provided nationally in a one-year period is estimated to be 127,237.

Specialty Diagnostic Radiology Frequency 72717 Percentage 57.15 %

Specialty Orthopedic Surgery Frequency 21632 Percentage 17.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 42,412 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2013 Medicare data estimates that CPT code 72082 will be billed approximately 42,412 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 24239 Percentage 57.15 %

Specialty Orthopedic Surgery Frequency 7211 Percentage 17.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 72052

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72083 Tracking Number N3 Original Specialty Recommended RVU: **0.39**
Presented Recommended RVU: **0.39**
Global Period: XXX RUC Recommended RVU: **0.39**

CPT Descriptor: Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old female with degenerative scoliosis undergoing radiographic evaluation to evaluate for dynamic instability prior to surgical correction.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work: Review clinical history and any prior applicable plain film or other imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination.
Interpret radiographs of the spine. Count and label all vertebrae noting any transitional vertebrae or supernumerary vertebrae. Assess the morphology, alignment (both coronal and sagittal) and integrity of the vertebral bodies. Evaluate joint spacing and alignment, including the measurements of angles, pelvic tilt and relative hip height. Review paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis.
Compare the exam findings to previous studies, if applicable.
Dictate report for the medical record.

Description of Post-Service Work: Review and sign final report.
Communicate findings to referring physician, when needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Daniel Wessell, MD; Greg Nicola, MD; Josh Hirsch, MD; William Creevy, MD; John Heiner, MD.				
Specialty(s):	American College of Radiology, American Society of Neuroradiology, American Academy of Orthopaedic Surgeons				
CPT Code:	72083				
Sample Size:	3339	**Resp N:** 50	**Response:** 1.4 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**20.00**	50.00	1000.00
Survey RVW:	0.22	0.35	**0.39**	0.50	1.25
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	5.00	**7.00**	9.00	20.00
Immediate Post Service-Time:	**1.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72083	**Recommended Physician Work RVU: 0.39**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72052	XXX	0.36	**RUC Time**

CPT Descriptor Radiologic examination, spine, cervical; 6 or more views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72114	XXX	0.32	**RUC Time**

CPT Descriptor Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72114	XXX	0.32	**RUC Time**	88,233

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 42.0 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72083	Top Key Reference CPT Code: 72052	2nd Key Reference CPT Code: **72114**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	7.00	5.00	5.00
Median Immediate Post-service Time	1.00	2.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**9.00**	**8.00**	**8.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.48	0.60
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.76	0.40
Urgency of medical decision making	0.24	-0.20
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.57	0.30
Physical effort required	0.57	0.40
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.48	-0.10
Outcome depends on the skill and judgment of physician	0.52	0.30
Estimated risk of malpractice suit with poor outcome	0.38	0.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.71	0.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:
The CPT Editorial Panel created four new codes to describe plain film evaluation of the entire spine, such as for scoliosis evaluation.

The four new codes comprising the spinal curvature and instability family are as follows:

CPT	Descriptor
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views

These "spinal curvature and instability radiography" studies are required to evaluate more extensive pathology involving multiple levels of the spine or even the entire spine and body. For example, the evaluation of coronal imbalance necessitates that the leftward or rightward lateral deviation of the C7 vertebral body relative to the S1 vertebral body be measured in the standing position. In essence, this measure is assessing if the head is centered over the pelvis. This measurement requires an image of the entire spine obtained in the standing position and cannot be made off of individual level radiographs. A similar measurement on a lateral image can be used to assess the sagittal imbalance.

Survey Process:
The American College of Radiology (ACR), the American Society of Neuroradiology (ASNR), and the American Academy of Orthopaedic Surgeons (AAOS) performed a random survey of our respective members. Only the ACR and ASNR received surveys from their members. The random selection from the AAOS membership did not result in orthopaedic surgeons who typically perform spine procedures related to these specific spinal curvature and instability codes. The ACR, ASNR, and AAOS gathered an expert panel, including a number of physicians familiar with these services, to review the data and develop the following recommendations.

Summary of Time and wRVU Recommendations for all Four Survey Codes:
We recommend the median wRVU and service period times for all four codes.

Compelling Evidence
These new spinal curvature and instability x-ray codes are new codes, created to address the confusion and inconsistency inherent to the existing scoliosis and spine survey codes and to parallel the structure of other plain film codes. Given the inconsistency in coding, our recommendations may not be budget neutral, necessitating compelling evidence discussions. These new codes do modernize the reporting of scoliosis and spine survey planning, and capture the greater complexity involved in such evaluation. This code family helps characterize abnormal spinal curvature and instability by severity and etiology. The vertical orientation of the spine results in pathologic instability and curvature occurring sometimes remote from the actual site of pathology. For, example, a butterfly vertebrae in the mid thoracic region resulting in a thoracic scoliosis may also result in abnormal compensatory curvature in the cervical and/or lumbar regions. Simply imaging one of these regions can be misleading. Additionally, surgical and non-surgical treatments could lead to regions of improvement and/or worsening depending on the shifts of center of gravity, necessitating full spine imaging to assess true response to therapy. When assessing these total spine x-rays, it is necessary count vertebral body numbers (labelling each vertebrae from the top-down approach). This allows the reviewer to assess for transitional vertebrae, as well as supernumerary vertebrae, hemivertebrae, hypoplastic vertebrae, etc. The reviewer will also assess over spinal alignment noting listheses in the coronal and/or sagittal directions. Spinal coronal curvature angle measurements will also be obtained (often requiring more than one

measurement to accurately account for any compensatory curvatures cephalad or caudad to the primary curvature). The overall kyphosis or lordosis (sagittal curvature) of each spinal level may also be measured depending on the clinical indication.

72083 (Entire spine evaluation; 4 or 5 views)

Work RVU Recommendation:
We recommend the median work RVU of 0.39.

Time Recommendation:
We recommend the median survey times: 1 minute pre-service, 7 minutes intra-service, and 1 minute post-service.

Key Reference Service:
Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 72052 *(Radiologic examination, spine, cervical; 6 or more views)* chosen by 42% of respondents and 72114 *(Radiologic examination, spine, lumbosacral; complete, including bending views; minimum of 6 views)* chosen by 20% of respondents. Both KRS codes have slightly lower wRVUs, two minutes less intra-service time and less total time. The surveyed code is scored slightly more complex on the majority of complexity measurements than the two KRS codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72114	X-ray, spine, lumbosacral; min 6 views	0.32	8	1	5	2	0.051
72052	X-ray, spine, cervical; 6+ views	0.36	8	1	5	2	0.059
72083	**Entire spine x-ray; 4 or 5 views**	**0.39**	**9**	**1**	**7**	**1**	**0.049**

MPC Code:
Our recommendation compares favorably to MPC code 72114 *(Radiologic examination, spine, lumbosacral; complete, including bending views; minimum of 6 views)*, also the second most common KRS, which has a slightly lower wRVU, two minutes less intra-service time, and one minute less total time.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72114	X-ray, spine, lumbosacral; min 6 views	0.32	8	1	5	2	0.051
72083	**Entire spine x-ray; 4 or 5 views**	**0.39**	**9**	**1**	**7**	**1**	**0.049**

Comparison to Other codes in the Spinal Curvature and Instability Family
Our recommendations maintain appropriate relativity across the spinal curvature and instability family:

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72081	Entire spine x-ray; one view	0.30	7	1	5	1	0.051
72082	Entire spine x-ray; 2 or 3 views	0.35	8	1	6	1	0.051
72083	Entire spine x-ray; 4 or 5 views	0.39	9	1	7	1	0.049
72084	Entire spine x-ray; min 6 views	0.45	10	1	8	1	0.051

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72090

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 16500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 7208X3 provided nationally in a one-year period is estimated to be 16,500

Specialty Diagnostic Radiology Frequency 11222 Percentage 68.01 %

Specialty Orthopedic Surgery Frequency 4204 Percentage 25.47 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2013 Medicare data estimates that CPT code 72083 will be billed approximately 5,500 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 3741 Percentage 68.01 %

Specialty Orthopedic Surgery Frequency 1401 Percentage 25.47 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 72052

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72084 Tracking Number N4 Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX RUC Recommended RVU: **0.45**

CPT Descriptor: Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 16-year-old female with idiopathic scoliosis undergoing radiographic evaluation to evaluate mobility of curves prior to surgical correction.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work: Review clinical history and any prior applicable plain film or other imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination.
Interpret radiographs of the spine. Count and label all vertebrae noting any transitional vertebrae or supernumerary vertebrae. Assess the morphology, alignment (both coronal and sagittal), and integrity of the vertebral bodies. Evaluate joint spacing and alignment, including the measurements of angles, pelvic tilt and relative hip height. Review paraspinal soft tissues and visualized portions of the skull base, chest, abdomen, hips, and pelvis.
Compare the exam findings to previous studies, if applicable.
Dictate report for the medical record.

Description of Post-Service Work: Review and sign final report.
Communicate findings to referring physician, when needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Daniel Wessell, MD; Greg Nicola, MD; Josh Hirsch, MD; William Creevy, MD; John Heiner, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology, American Academy of Orthopaedic Surgeons				
CPT Code:	72084				
Sample Size:	3339	**Resp N:** 50	**Response:** 1.4 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	2.00	**10.00**	25.00	500.00
Survey RVW:	0.24	0.40	**0.45**	0.55	1.40
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	6.00	**8.00**	10.00	25.00
Immediate Post Service-Time:	**1.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72084	**Recommended Physician Work RVU: 0.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**8.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72052	XXX	0.36	**RUC Time**

CPT Descriptor Radiologic examination, spine, cervical; 6 or more views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72114	XXX	0.32	**RUC Time**

CPT Descriptor Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72114	XXX	0.32	**RUC Time**	88,233

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 30.0 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72084	Top Key Reference CPT Code: 72052	2nd Key Reference CPT Code: **72114**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	8.00	5.00	5.00
Median Immediate Post-service Time	1.00	2.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**10.00**	**8.00**	**8.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.00	0.30
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.93	0.40
Urgency of medical decision making	0.13	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.60	0.10
Physical effort required	0.33	0.20
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.13	0.10
Outcome depends on the skill and judgment of physician	0.33	0.10
Estimated risk of malpractice suit with poor outcome	0.13	0.20

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.87	0.40

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:
The CPT Editorial Panel created four new codes to describe plain film evaluation of the entire spine, such as for scoliosis evaluation.

The four new codes comprising the spinal curvature and instability family are as follows:

CPT	Descriptor
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views

These "spinal curvature and instability radiography" studies are required to evaluate more extensive pathology involving multiple levels of the spine or even the entire spine and body. For example, the evaluation of coronal imbalance necessitates that the leftward or rightward lateral deviation of the C7 vertebral body relative to the S1 vertebral body be measured in the standing position. In essence, this measure is assessing if the head is centered over the pelvis. This measurement requires an image of the entire spine obtained in the standing position and cannot be made off of individual level radiographs. A similar measurement on a lateral image can be used to assess the sagittal imbalance.

Survey Process:
The American College of Radiology (ACR), the American Society of Neuroradiology (ASNR), and the American Academy of Orthopaedic Surgeons (AAOS) performed a random survey of our respective members. Only the ACR and ASNR received surveys from their members. The random selection from the AAOS membership did not result in orthopaedic surgeons who typically perform spine procedures related to these specific spinal curvature and instability codes. The ACR, ASNR, and AAOS gathered an expert panel, including a number of physicians familiar with these services, to review the data and develop the following recommendations.

Summary of Time and wRVU Recommendations for all Four Survey Codes:
We recommend the median wRVU and service period times for all four codes.

Compelling Evidence
These new spinal curvature and instability x-ray codes are new codes, created to address the confusion and inconsistency inherent to the existing scoliosis and spine survey codes and to parallel the structure of other plain film codes. Given the inconsistency in coding, our recommendations may not be budget neutral, necessitating compelling evidence discussions. These new codes do modernize the reporting of scoliosis and spine survey planning, and capture the greater complexity involved in such evaluation. This code family helps characterize abnormal spinal curvature and instability by severity and etiology. The vertical orientation of the spine results in pathologic instability and curvature occurring sometimes remote from the actual site of pathology. For, example, a butterfly vertebrae in the mid thoracic region resulting in a thoracic scoliosis may also result in abnormal compensatory curvature in the cervical and/or lumbar regions. Simply imaging one of these regions can be misleading. Additionally, surgical and non-surgical treatments could lead to regions of improvement and/or worsening depending on the shifts of center of gravity, necessitating full spine imaging to assess true response to therapy. When assessing these total spine x-rays, it is necessary count vertebral body numbers (labelling each vertebrae from the top-down approach). This allows the reviewer to assess for transitional vertebrae, as well as supernumerary vertebrae, hemivertebrae, hypoplastic vertebrae, etc. The reviewer will also assess over spinal alignment noting listheses in the coronal and/or sagittal directions. Spinal coronal curvature angle measurements will also be obtained (often requiring more than one

measurement to accurately account for any compensatory curvatures cephalad or caudad to the primary curvature). The overall kyphosis or lordosis (sagittal curvature) of each spinal level may also be measured depending on the clinical indication.

72084 (Entire spine evaluation; minimum of 6 views)

Work RVU Recommendation:
We recommend the median work RVU of 0.45.

Time Recommendation:
We recommend the median survey times: 1 minute pre-service, 8 minutes intra-service, and 1 minute post-service.

Key Reference Service:
Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 72052 *(Radiologic examination, spine, cervical; 6 or more views)* chosen by 30% of respondents and 72114 *(Radiologic examination, spine, lumbosacral; complete, including bending views; minimum of 6 views)* chosen by 20% of respondents. Both KRS codes have lower wRVUs, three minutes less intra-service time, and two minutes less total time. The surveyed code is scored slightly more complex on all complexity measurements than the two KRS codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72114	X-ray, spine, lumbosacral; min 6 views	0.32	8	1	5	2	0.051
72052	X-ray, spine, cervical; 6+ views	0.36	8	1	5	2	0.059
72084	**Entire spine x-ray; minimum of 6 views**	**0.45**	**10**	**1**	**8**	**1**	**0.051**

MPC Code:
Our recommendation compares favorably to MPC code 72114 *(Radiologic examination, spine, lumbosacral; complete, including bending views; minimum of 6 views)*, also the second most common KRS, which has lower wRVU, three minutes less intra-service time, and two minutes less total time.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72114	X-ray, spine, lumbosacral; min 6 views	0.32	8	1	5	2	0.051
72084	**Entire spine x-ray; minimum of 6 views**	**0.45**	**10**	**1**	**8**	**1**	**0.051**

Comparison to Other codes in the Spinal Curvature and Instability Family
Our recommendations maintain appropriate relativity across the spinal curvature and instability family:

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72081	Entire spine x-ray; one view	0.30	7	1	5	1	0.051
72082	Entire spine x-ray; 2 or 3 views	0.35	8	1	6	1	0.051
72083	Entire spine x-ray; 4 or 5 views	0.39	9	1	7	1	0.049
72084	Entire spine x-ray; min 6 views	0.45	10	1	8	1	0.051

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72090

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 5500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 7208X4 provided nationally in a one-year period is estimated to be 5,500

Specialty Diagnostic Radiology Frequency 3741 Percentage 68.01 %

Specialty Orthopedic Surgery Frequency 1401 Percentage 25.47 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,833
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2013 Medicare data estimates that CPT code 72084 will be billed approximately 1,833 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 1247 Percentage 68.03 %

Specialty Orthopedic Surgery Frequency 467 Percentage 25.47 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 72052

SS Rec Summary

RUC time ->

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.
Hide columns and rows that do not contain data.
REF = Key Reference code data

ISSUE: Spinal Curvature & Instability Family

TAB: 14

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views	12	0.075			0.27			5	1					3			1					
REF	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	10	0.049			0.31			8	1					5			2					
CURRENT	72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)		#DIV/0!			0.22			6														
SVY	72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	50	0.051	0.12	0.22	0.30	0.34	0.75	7	1			1	3	5	5	12	1	0	10	30	50	300
REC	72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view		0.051			0.30			7	1					5			1					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	14	0.049			0.31			8	1					5			2					
REF	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	11	0.051			0.32			8	1					5			2					
CURRENT	72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral		#DIV/0!			0.45			10														
SVY	72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	50	0.051	0.20	0.29	0.35	0.38	1.00	8	1			3	4	6	7	15	1	0	15	40	74	1000
REC	72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views		0.051			0.35			8	1					6			1					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	72052	Radiologic examination, spine, cervical; 6 or more views	21	0.059			0.36			8	1					5			2					
REF	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	10	0.051			0.32			8	1					5			2					
CURRENT	72074	Radiologic examination, spine; thoracic, minimum of 4 views		#DIV/0!			0.22			6														
CURRENT	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views		0.049			0.31			8	1					5			2					
CURRENT	72050	Radiologic examination, spine, cervical; 4 or 5 views		0.049			0.31			8	1					5			2					
SVY	72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	50	0.049	0.22	0.35	0.39	0.50	1.25	9	1			4	5	7	9	20	1	0	5	20	50	1000
REC	72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views		0.049			0.39			9	1					7			1					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	72052	Radiologic examination, spine, cervical; 6 or more views	15	0.059			0.36			8	1					5			2					
REF	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	10	0.051			0.32			8	1					5			2					
CURRENT	72074	Radiologic examination, spine; thoracic, minimum of 4 views		#DIV/0!			0.22			6														
CURRENT	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views		0.051			0.32			8	1					5			2					
CURRENT	72052	Radiologic examination, spine, cervical; 6 or more views		0.059			0.36			8	1					5			2					
SVY	72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	50	0.051	0.24	0.40	0.45	0.55	1.40	10	1			4	6	8	10	25	1	0	2	10	25	500
REC	72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views		0.051			0.45			10	1					8			1					

Tab Number: 14

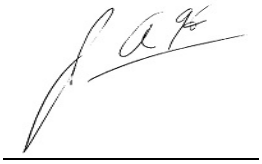
Issue: Radiologic Exam – Spine

Code Range: (72020-72120, 7208X1-7208X4)*

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Joshua A. Hirsch, MD
Printed Signature

American Society of Neuroradiology
Specialty Society

1/5/2015
Date

Tab Number: 14

Issue: Radiologic Exam – Spine

Code Range: (72020-72120, 7208X1-7208X4)*

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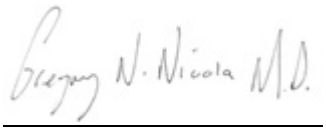

Signature

Gregory N. Nicola MD
Printed Signature

American Society of Neuroradiology
Specialty Society

1/5/2015
Date

9
14
15
Tab Number

Genitourinary Catheter Procedures
Radiologic Examination - Spine
Radiologic Examination – Hip & Pelvis
Issue

50391, 50395, 50396, 5039X1-5039X5, 506XX6, 5069X7-5069X9, 507XX11-507XX12, 5039X13, 74425
7208X1-7208X4, 72020-72052, 72070-72080, 72100-72120
7350X1-7350X3, 7352X1-7352X3, 7355X1-7355X2
Code Range

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Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

January 6, 2015
Date

9
14
15
Tab Number

Genitourinary Catheter Procedures
Radiologic Examination - Spine
Radiologic Examination – Hip & Pelvis
Issue

50391, 50395, 50396, 5039X1-5039X5, 506XX6, 5069X7-5069X9, 507XX11-507XX12, 5039X13, 74425
7208X1-7208X4, 72020-72052, 72070-72080, 72100-72120
7350X1-7350X3, 7352X1-7352X3, 7355X1-7355X2
Code Range

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Signature

Ezequiel Silva, MD
Printed Signature

American College of Radiology
Specialty Society

January 6, 2015
Date

14
Tab Number

Radiologic Exam Spine
Issue

72020-72120, 7208X1-7208X4
Code Range

Attestation Statement

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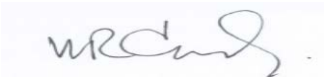

_____
Signature

William Creevy, MD
Printed Signature

American Academy of Orthopaedic Surgeons
Specialty Society

January 5, 2015
Date

CPT Code: 72081, 72082, 72083, 72084
Specialty Society(‘s)_ACR, ASNR, AAOS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views

Global Period:_XXX__ Meeting Date: 01/2015__

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology (ACR), the American Society of Neuroradiology (ASNR), and the American Academy of Orthopaedic Surgeons (AAOS) convened a consensus panel to finalize the practice expense data for the spinal curvature and instability x-ray codes, 72081, 72082, 72083, and 72084.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

These four new spinal curvature and instability codes were created to address confusion and inconsistency in the predecessor codes. As such, no exact predecessor codes exist for use as crosswalks. For 72081 and 72082, the most commonly used codes were chosen as crosswalks: 72069 and 72010, respectively. For 72081 and 72084, the three corresponding regional spine codes were used as crosswalks.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Prepare room, equipment, supplies** - two minutes is standard.
- **Prepare and position patient/ monitor patient/ set up IV** - two minutes is standard.
- **Acquire images** – clinically necessary.
- **Clean room/equipment by physician staff** - three minutes is standard.

- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** – Per Table 20 in the 2015 MPFS, two minutes is typical.
- **Review examination with interpreting MD -** Per Table 20 in the 2015 MPFS, two minutes is typical.
- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue -** Per Table 20 in the 2015 MPFS, one minute is typical.
- **PACS Workstation Proxy** – clinically necessary. Equal to the service period clinical labor time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I	J	K
1	REVISED AT RUC 1/29/15			REFERENCE CODE		REFERENCE CODE		REFERENCE CODE	EFERENCE CODE	EFERENCE CODE	R
2	more please bold the item name and CMS code.			72069	72081	72010	72082	72050	72074	72110	72083
3	**Meeting Date: January 2015** **Tab: Spinal Curvature & Instability Family** **Specialty: ACR, ASNR, AAOS**	**CMS Code**	**Staff Type**	Radiologic examination, spine, thoracolumbar, standing (scoliosis) (Jan 2004)	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view (Jan 2015 RUC)	Radiologic examination, spine, entire, survey study, anteroposterior and lateral (Aug 2003)	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views (Jan 2015 RUC)	Radiologic examination, spine, cervical; 4 or 5 views (Jan 2012)	Radiologic examination, spine; thoracic, minimum of 4 views (Aug 2003)	Radiologic examination, spine, lumbosacral; minimum of 4 views (Feb 2011)	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views (Jan 2015 RUC)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	**XXX**	**XXX**	
6	**TOTAL CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**16.0**	**25.0**	**36.0**	**40.0**	**28.0**	**24.0**	**28.0**	**48.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**	**0.0**	**0.0**	**4.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**16.0**	**21.0**	**36.0**	**36.0**	**28.0**	**24.0**	**28.0**	**44.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms										
13	Coordinate pre-surgery services										
14	Schedule space and equipment in facility										
15	Provide pre-service education/obtain consent										
16	Follow-up phone calls & prescriptions										
17	Availability of prior images confirmed	L041B	Rad Tech		2		2				2
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	Rad Tech		2		2				2
19	*Other Clinical Activity - *specify:*										
20	**End: When patient enters office/facility for surgery/procedure**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Rad Tech	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
24	Obtain vital signs										
25	Provide pre-service education/obtain consent										
26	Prepare room, equipment, supplies	L041B	Rad Tech	**1**	**2**	**1**	**2**	**1**	**1**	**1**	**2**
27	Setup scope (non facility setting only)										
28	Prepare and position patient/ monitor patient/ set up IV	L041B	Rad Tech	**1**	**2**	**1**	**2**	**1**	**1**	**1**	**2**
29	Sedate/apply anesthesia										
30	*Other Clinical Activity - specify:										
31	**Intra-service**										
32	Acquire images	L041B	Rad Tech	**6**	**6**	**21**	**21**	**15**	**12**	**15**	**29**
33	**Post-Service**										
34	Monitor pt. following moderate sedation										
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)										
36	Clean room/equipment by physician staff	L041B	Rad Tech	**2**	**3**	**2**	**3**	**2**	**2**	**2**	**3**
37	Clean Scope										
38	Clean Surgical Instrument Package										
39	Complete diagnostic forms, lab & X-ray requisitions										
40	Review/read X-ray, lab, and pathology reports										
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Rad Tech		**2**		**2**				**2**
43	Review examination with interpreting MD	L041B	Rad Tech		**2**		**2**				**2**

	A	B	C	D	E	F	G	H	I	J	K
1	REVISED AT RUC 1/29/15			REFERENCE CODE		REFERENCE CODE		REFERENCE CODE	EFERENCE CODE	EFERENCE CODE	R
2	**more please bold the item name and CMS code.**			**72069**	**72081**	**72010**	**72082**	**72050**	**72074**	**72110**	**72083**
3	**Meeting Date: January 2015** **Tab: Spinal Curvature & Instability Family** **Specialty: ACR, ASNR, AAOS**	**CMS Code**	**Staff Type**	Radiologic examination, spine, thoracolumbar, standing (scoliosis) **(Jan 2004)**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view **(Jan 2015 RUC)**	Radiologic examination, spine, entire, survey study, anteroposterior and lateral **(Aug 2003)**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views **(Jan 2015 RUC)**	Radiologic examination, spine, cervical; 4 or 5 views **(Jan 2012)**	Radiologic examination, spine; thoracic, minimum of 4 views **(Aug 2003)**	Radiologic examination, spine, lumbosacral; minimum of 4 views **(Feb 2011)**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views **(Jan 2015 RUC)**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	**XXX**	**XXX**	
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	Rad Tech		**1**		**1**				**1**
45	*Other Clinical Activity - *specify: Process films, hang films and review study with interpreting MD prior to patient discharge*	L041B	Rad Tech	**3**		**8**		**6**	**5**	**6**	
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
49	**End: Patient leaves office**										
50	**POST-SERVICE Period**										

	A	B	C	D	E	F	G	H	I	J	K
1	REVISED AT RUC 1/29/15			REFERENCE CODE		REFERENCE CODE		REFERENCE CODE	EFERENCE CODE	EFERENCE CODE	R
2	**more please bold the item name and CMS code.**			**72069**	**72081**	**72010**	**72082**	**72050**	**72074**	**72110**	**72083**
3	**Meeting Date: January 2015** **Tab: Spinal Curvature & Instability Family** **Specialty: ACR, ASNR, AAOS**	**CMS Code**	**Staff Type**	Radiologic examination, spine, thoracolumbar, standing (scoliosis) **(Jan 2004)**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view **(Jan 2015 RUC)**	Radiologic examination, spine, entire, survey study, anteroposterior and lateral **(Aug 2003)**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views **(Jan 2015 RUC)**	Radiologic examination, spine, cervical; 4 or 5 views **(Jan 2012)**	Radiologic examination, spine; thoracic, minimum of 4 views **(Aug 2003)**	Radiologic examination, spine, lumbosacral; minimum of 4 views **(Feb 2011)**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views **(Jan 2015 RUC)**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	**XXX**	**XXX**	
62	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
63	gown, patient	SB026	item	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
64	lamination sheet (letter size)	SK044	item							**4**	
65	**EQUIPMENT**	**CODE**									
66	printer, laser, paper	ED032								**10**	
67	PACS Workstation Proxy	ED050		**16**	**21**	**36**	**36**	**28**	**24**	**28**	**44**
68	room, basic radiology	EL012		**16**	**15**	**36**	**30**	**19**	**24**	**19**	**38**

	A	B	C	L	M	N	O
1	REVISED AT RUC 1/29/15			REFERENCE COD	EFERENCE COD	EFERENCE CODE	
2	**more please bold the item name and CMS code.**			**72052**	**72074**	**72114**	**72084**
3	**Meeting Date: January 2015** **Tab: Spinal Curvature & Instability Family** **Specialty: ACR, ASNR, AAOS**	**CMS Code**	**Staff Type**	Radiologic examination, spine, cervical; 6 or more views **(Jan 2012)**	Radiologic examination, spine; thoracic, minimum of 4 views **(Aug 2003)**	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views **(Feb 2011)**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views **(Jan 2015 RUC)**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	
6	**TOTAL CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**36.0**	**24.0**	**36.0**	**57.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**0.0**	**0.0**	**0.0**	**4.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**36.0**	**24.0**	**36.0**	**53.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	Availability of prior images confirmed	**L041B**	**Rad Tech**				**2**
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	**Rad Tech**				**2**
19	*Other Clinical Activity - *specify:*						
20	**End: When patient enters office/facility for surgery/procedure**						
21	**SERVICE PERIOD**						
22	**Start: When patient enters office/facility for surgery/procedure:**						
23	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Rad Tech	**3**	**3**	**3**	**3**
24	Obtain vital signs						
25	Provide pre-service education/obtain consent						
26	Prepare room, equipment, supplies	L041B	Rad Tech	**1**	**1**	**1**	**2**
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ monitor patient/ set up IV	L041B	Rad Tech	**1**	**1**	**1**	**2**
29	Sedate/apply anesthesia						
30	*Other Clinical Activity - specify:						
31	**Intra-service**						
32	Acquire images	L041B	Rad Tech	**21**	**12**	**21**	**38**
33	**Post-Service**						
34	Monitor pt. following moderate sedation						
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
36	Clean room/equipment by physician staff	L041B	Rad Tech	**2**	**2**	**2**	**3**
37	Clean Scope						
38	Clean Surgical Instrument Package						
39	Complete diagnostic forms, lab & X-ray requisitions						
40	Review/read X-ray, lab, and pathology reports						
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Rad Tech				**2**
43	Review examination with interpreting MD	L041B	Rad Tech				**2**

	A	B	C	L	M	N	O
1	REVISED AT RUC 1/29/15			REFERENCE COD	EFERENCE COD	EFERENCE CODE	
2	more please bold the item name and CMS code.			72052	72074	72114	72084
3	**Meeting Date: January 2015** **Tab: Spinal Curvature & Instability Family** **Specialty: ACR, ASNR, AAOS**	**CMS Code**	**Staff Type**	Radiologic examination, spine, cervical; 6 or more views (Jan 2012)	Radiologic examination, spine; thoracic, minimum of 4 views (Aug 2003)	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views (Feb 2011)	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views (Jan 2015 RUC)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	Rad Tech				**1**
45	*Other Clinical Activity - *specify: Process films, hang films and review study with interpreting MD prior to patient discharge*	L041B	Rad Tech	**8**	**5**	**8**	
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**	**n/a**	**n/a**
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**	**n/a**	**n/a**
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**n/a**	**n/a**	**n/a**
49	**End: Patient leaves office**						
50	**POST-SERVICE Period**						

	A	B	C	L	M	N	O
1	REVISED AT RUC 1/29/15			REFERENCE COD	EFERENCE COD	EFERENCE CODE	
2	**more please bold the item name and CMS code.**			**72052**	**72074**	**72114**	**72084**
3	**Meeting Date: January 2015** **Tab: Spinal Curvature & Instability Family** **Specialty: ACR, ASNR, AAOS**	**CMS Code**	**Staff Type**	Radiologic examination, spine, cervical; 6 or more views **(Jan 2012)**	Radiologic examination, spine; thoracic, minimum of 4 views **(Aug 2003)**	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views **(Feb 2011)**	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views **(Jan 2015 RUC)**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	
62	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
63	gown, patient	SB026	item	**1**	**1**	**1**	**1**
64	lamination sheet (letter size)	SK044	item			**6**	
65	**EQUIPMENT**	**CODE**					
66	printer, laser, paper	ED032				**10**	
67	PACS Workstation Proxy	ED050		**36**	**24**	**36**	**53**
68	room, basic radiology	EL012		**25**	**24**	**25**	**47**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported 75% or More Screen

January 2015

Radiologic Exam – Hip and Pelvis

In 2011, the RUC identified CPT code 73500 as being billed with 72170 greater than 75% of the time together on the same date of service. Due to the large volume of work given to the interested specialty societies, creation of a bundled code solution was not expected prior to the CPT 2016 CPT cycle. Therefore, in October 2014, the CPT Editorial Panel deleted 6 codes and created 8 codes to report bundled hip and pelvis radiologic exams.

The specialty societies noted that following their survey process for the new eight codes in this tab at the January 2015 RUC meeting, at least one of the codes did not meet the required respondent threshold based on an estimated utilization over one million times annually in the Medicare population. The specialties noted that for most of the codes in the family they did receive a sufficient number of surveys, but delayed presentation of the entire tab to ensure relativity comparisons within the family. The RUC discussed whether the current number of surveys would suffice or whether additional surveys should be acquired to reach the required thresholds for all codes in the family. **The RUC agreed that the specialty society should present to the Research Subcommittee the estimated Medicare utilization for each of the new services and determine the proper means for acquiring additional survey data. The RUC will consider the survey data at the April 2015 RUC meeting.**

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Diagnostic Radiology (Diagnostic Imaging) **Lower Extremities**				
~~D73500~~		~~Radiologic examination, hip, unilateral; 1 view~~	~~XXX~~	N/A

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●73501	O1	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	XXX	RUC Recommends Presentation at April 2015 Meeting
●73502	O2	2-3 views	XXX	RUC Recommends Presentation at April 2015 Meeting
●73503	O3	minimum of 4 views	XXX	RUC Recommends Presentation at April 2015 Meeting
~~D73510~~		~~complete, minimum of 2 views~~ (73500, 73510 have been deleted. To report, see 73501, 73502, 73503)	~~XXX~~	N/A
~~D75320~~		~~Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis~~ (73520 has been deleted. To report, see 73521, 73522, 73523)	~~XXX~~	N/A
●73521	O4	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	XXX	RUC Recommends Presentation at April 2015 Meeting
●73522	O5	3-4 views	XXX	RUC Recommends Presentation at April 2015 Meeting
●73523	O6	minimum of 5 views	XXX	RUC Recommends Presentation at April 2015 Meeting
~~D73530~~		~~Radiologic examination, hip, during operative procedure~~	~~XXX~~	N/A

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~~D73540~~		~~Radiologic examination, pelvis and hips, infant or child, minimum of 2 views~~ (73530, 73540 have been deleted. To report, see 73501, 73502, 73503)	~~XXX~~	N/A
●73551	O7	Radiologic examination, femur; 1 view	XXX	RUC Recommends Presentation at April 2015 Meeting
~~D73540~~		~~Radiologic examination, femur, 2 views~~ (73550 has been deleted. To report, see 73551, 73552)	~~XXX~~	N/A
●73552	O8	minimum 2 views	XXX	RUC Recommends Presentation at April 2015 Meeting

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January 6, 2015

Barbara Levy, MD
Chair, Relative Value Scale Update Committee
American Medical Association
515 North State Street
Chicago, Illinois 60654

Dear Dr. Levy,

At the October 2014 CPT Editorial Panel meeting, eight codes were approved to report radiologic examination of the femur and the hip and pelvis. This was in response to a code combination identified by the RAW 75% reported together screen. The new codes are as follows:

CPT Code	Long Descriptor	Global
7350X1	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	XXX
7350X2	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	XXX
7350X3	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	XXX
7352X1	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	XXX
7352X2	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	XXX
7352X3	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	XXX
7355X1	Radiologic examination, femur; 1 view	XXX
7355X2	Radiologic examination, femur; minimum 2 views	XXX

For the January 2015 RUC meeting, the ACR and the AAOS conducted a random survey of 1,100 specialty society members to prepare work RVU recommendations. However, we were unable to collect the minimum required number of surveys for the family, which we understand is 50 responses for some codes and 75 for other codes in this group. These figures are based on utilization for the standalone x-ray hip and x-ray pelvis codes.

The ACR and the AAOS request delaying presentation of our survey data until the April 2015 RUC meeting, pending a sufficient number of survey responses.

Should you have any questions, please feel free to contact ACR RUC staff, Stephanie Le, at 800-227-5463, ext. 4584 or via email sle@acr.org.

Sincerely,

Ezequiel Silva III, MD
ACR RUC Advisor

William Creevy, MD
AAOS RUC Advisor

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Reston, VA 20191-4326
703-648-8900

GOVERNMENT RELATIONS
505 Ninth St. N.W., Suite 910
Washington, DC 20004-2173
202-223-1670

CLINICAL RESEARCH
1818 Market St., Suite 1600
Philadelphia, PA 19103-3609
215-574-3150

9
14
15
Tab Number

Genitourinary Catheter Procedures
Radiologic Examination - Spine
Radiologic Examination – Hip & Pelvis
Issue

50391, 50395, 50396, 5039X1-5039X5, 506XX6, 5069X7-5069X9, 507XX11-507XX12, 5039X13, 74425
7208X1-7208X4, 72020-72052, 72070-72080, 72100-72120
7350X1-7350X3, 7352X1-7352X3, 7355X1-7355X2
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

Signature

Ezequiel Silva, MD
Printed Signature

American College of Radiology
Specialty Society

January 6, 2015
Date

15
Tab Number

Radiologic Exam Hip and Pelvis
Issue

7350X1 – 7355X2
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

_____
Signature

William Creevy, MD
Printed Signature

American Academy of Orthopaedic Surgeons
Specialty Society

January 5, 2015
Date

9
14
15
Tab Number

Genitourinary Catheter Procedures
Radiologic Examination - Spine
Radiologic Examination – Hip & Pelvis
Issue

50391, 50395, 50396, 5039X1-5039X5, 506XX6, 5069X7-5069X9, 507XX11-507XX12, 5039X13, 74425
7208X1-7208X4, 72020-72052, 72070-72080, 72100-72120
7350X1-7350X3, 7352X1-7352X3, 7355X1-7355X2
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

January 6, 2015
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 75% or More

January 2015

Surface Radionuclide High Dose Radiation Brachytherapy

In October 2014, the CPT Editorial Panel created five new codes, deleted three codes and revised one code to report High Dose Rate (HDR) surface brachytherapy treatments for skin cancer.

77767 ***Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel***

The RUC reviewed the survey results from 61 radiation oncologists and agreed on the following physician time components: pre-service time of 4 minutes, intra-service time of 25 minutes and post-time of 3 minutes. The RUC noted that a single unit of basic dosimetry (77300) is bundled into the newly created survey code and constitutes 15 minutes of the intra-service time for 77767. The specialty explained that the dosimetry calculation is done prior to the patient's arrival and is done on the day of the treatment. 77767 is typically performed twice per week for 3 weeks. There are federal, state and Nuclear Regulatory Commission (NRC) requirements which only permit a radiation oncologist, as authorized user, to perform HDR treatment and require the radiation oncologist to be present at the HDR console during the entire treatment.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 77767 and agreed with the specialty that the survey 25th percentile work RVU of 1.05 is appropriate for this service. The RUC compared the survey code to CPT code 74280 *Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon* (work RVU= 0.99, intra-service time of 20 minutes, total time of 32 minutes) and noted that both services have identical total time, though the survey code has more intra-service time and is therefore appropriately valued somewhat higher than the reference code. Additionally, the RUC compared the survey code to CPT code 93295 *Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional* (work RVU= 1.29, intra-service time of 22.5 minutes and total time of 37.5 minutes) and noted that with similar intra-service times (25 minutes vs. 22.5 minutes) and less total time, the survey code is appropriately valued somewhat less than the reference code. **The RUC recommends a work RVU of 1.05 for CPT code 77767.**

77768 ***Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions***

The RUC reviewed the survey results from 61 radiation oncologists and agreed on the following physician time components: pre-service time of 4 minutes, intra-service time of 35 minutes and post-time of 3 minutes. The RUC noted that a single unit of basic dosimetry (77300) is bundled into

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the newly created survey code and constitutes 15 minutes of the intra-service time for 77767. The specialty explained that the dosimetry calculation is done prior to the patient's arrival and is done on the day of the treatment. The RUC noted that 77768 has more time than 77767 primarily due to 77768 having more time during delivery of multiple channels instead of one and for connecting the applicators and tubes. 77768 is typically performed twice per week for 3 weeks. There are federal, state and Nuclear Regulatory Commission (NRC) requirements which only permit a radiation oncologist, as authorized user, to perform HDR treatment and require the radiation oncologist to be present at the HDR console during the entire treatment.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 77768 and agreed with the specialty that the survey 25th percentile work RVU of 1.40 is appropriate for this service. The RUC compared the survey code to the second highest key reference code 77306 *Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)* and noted that both codes have similar intra-service times and total times and should therefore be valued similarly. The RUC also compared the survey code to MPC code 95861 *Needle electromyography; 2 extremities with or without related paraspinal areas* (work RVU=1.54, intra-service time= 29 minutes, total time= 49 minutes) and noted that the survey code has more intra-service time, though slightly less intensity and is therefore appropriately valued somewhat lower than the reference code. **The RUC recommends a work RVU of 1.40 for CPT code 77768.**

77770 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel

The RUC reviewed the survey results from 64 radiation oncologists and agreed on the following physician time components: pre-service time of 6 minutes, intra-service time of 45 minutes and post-time of 10 minutes. The RUC noted that a single unit of basic dosimetry (77300) is bundled into the newly created survey code and constitutes 15 minutes of the intra-service time for 77767. The specialty explained that the dosimetry calculation is done prior to the patient's arrival and is done on the day of the treatment. The RUC noted that 77770 has more post-service time to account for the additional time needed to discuss physical/sexual activity and symptom management and instruct the patient on usage of the vaginal dilator. There are typically performed weekly for a total of two treatments. There are federal, state and Nuclear Regulatory Commission (NRC) requirements which only permit a radiation oncologist, as authorized user, to perform HDR treatment and require the radiation oncologist to be present at the HDR console during the entire treatment.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 77770 and agreed with the specialty that the survey 25th percentile work RVU of 1.95 is appropriate for this service. The RUC compared the survey code to CPT code 90834 *Psychotherapy, 45 minutes with patient and/or family member* (work RVU=2.00, intra-service time of 45 minutes, total time of 60 minutes) and noted that both services have identical intra-service times and similar total times and therefore should be valued similarly. Additionally, the RUC compared the survey code to CPT code 95863 *Needle electromyography; 3 extremities with or without related paraspinal areas* (work RVU= 1.87, intra-service time of 40 minutes and total time of 61 minutes) and noted that both services have identical total time, whereas the survey code has more intra-service time, supporting a slightly higher work RVU for the survey code. **The RUC recommends a work RVU of 1.95 for CPT code 77770.**

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77771 ***Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels***

The RUC reviewed the survey results from 64 radiation oncologists and agreed on the following physician time components: pre-service time of 6 minutes, intra-service time of 70 minutes and post-time of 15 minutes. The RUC noted that a single unit of basic dosimetry (77300) is bundled into the newly created survey code and constitutes 15 minutes of the intra-service time for 77767. The specialty explained that the dosimetry calculation is done prior to the patient's arrival and is done on the day of the treatment. The RUC noted that 77771 has more intra-service time than 77770 primarily due to additional time need to perform the additional channels. This service is a breast brachytherapy case and includes additional post-service time to secure the catheters to the chest wall, go over the acute side-effects post-treatment as well as additional instructions for the patient. Treatment is typically given over 5 days for 77771 per patient. There are federal, state and Nuclear Regulatory Commission (NRC) requirements which only permit a radiation oncologist, as authorized user, to perform HDR treatment and require the radiation oncologist to be present at the HDR console during the entire treatment.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 77771 and agreed with the specialty that the survey 25th percentile work RVU of 3.80 is appropriate for this service. The RUC compared the survey code to CPT code 99245 *Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.* (work RVU= 3.77, intra-service time of 60 minutes and total time of 90 minutes) and noted that the survey code has 10 more minutes of intra-service time and very similar total time, and therefore should be valued similarly to the reference code. Additionally, the RUC compare the survey code to top key reference code 77295 *3-dimensional radiotherapy plan, including dose-volume histograms* (work RVU= 4.29, intra-service time of 90 minutes and total time of 112 minutes) and noted that the survey code has somewhat less intra-service time and total time and should therefore be valued somewhat lower than the reference code. **The RUC recommends a work RVU of 3.80 for CPT code 77771.**

77772 ***Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels***

The RUC reviewed the survey results from 64 radiation oncologists and agreed on the following physician time components: pre-service time of 6 minutes, intra-service time of 100 minutes and post-time of 18 minutes. The RUC noted that a single unit of basic dosimetry (77300) is bundled into the newly created survey code and constitutes 15 minutes of the intra-service time for 77767. The specialty explained that the dosimetry calculation is done prior to the patient's arrival and is done on the day of the treatment. The RUC noted that 77772 has more intra-service time than 77771 primarily due to additional time need to perform the additional channels. This service is a prostate interstitial implant and includes additional post-service time to go over the acute side-effects post-treatment as well as additional instructions for the patient. There are typically two treatments of 77772 per patient. There are federal, state and Nuclear Regulatory Commission (NRC) requirements which only permit a

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radiation oncologist, as authorized user, to perform HDR treatment and require the radiation oncologist to be present at the HDR console during the entire treatment.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 77772 and agreed with the specialty that the survey 25th percentile work RVU of 5.40 is appropriate for this service. The RUC compared the survey code to CPT code 17313 *Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks* (work RVU=5.56, intra-service time of 100 minutes and total time of 128 minutes) and noted that both services have identical intra-service time and very similar total time and therefore should be valued similarly. Additionally, the RUC compared the survey code to CPT code 77469 *Intraoperative radiation treatment management* (work RVU= 5.75, intra-service time of 90 minutes and total time of 171 minutes) and noted that both services have identical intra-service time, whereas the reference code has more total time, supporting that the survey code should be valued somewhat lower. **The RUC recommends a work RVU of 5.40 for CPT code 77772.**

77295 ***3-dimensional radiotherapy plan, including dose-volume histograms***
The RUC briefly discussed CPT code 77295, noting that it was last surveyed for the January 2013 RUC meeting. The RUC agreed that the existing RVU and times for this service are appropriate. **The RUC reaffirmed the work RVU of 4.29 for CPT code 77295.**

77300 ***Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician***
The RUC briefly discussed CPT code 77300, noting that it was last surveyed for the April 2014 RUC meeting. The RUC noted that this service has 15 minutes of intra-service time and one unit of this basic dosimetry service was bundled into each of the 5 survey codes. The RUC agreed that the existing RVU and times for this service are appropriate. **The RUC reaffirmed the work RVU of 0.62 for CPT code 77300.**

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with the following minor modifications as approved by the Practice Expense Subcommittee:

- The brachytherapy treatment vault (NEW) is included as a direct PE input in the appropriate radiation oncology codes. The PE Subcommittee questioned why this was being proposed rather than the linear accelerator treatment vault and the specialty clarified that the treatment can be performed with a linear accelerator vault, but the new brachytherapy vault is a considerable savings.

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- Generally safety kits and transport carts are not included as direct PE inputs, however the specialty explained that the emergency service container/safety kit with transport cart is lead lined and specific to this procedure and cannot be used for any other type of treatment.
- The specialty had added a line item in the pre-service period under other clinical activity. The activity is *prepare afterloader unit for treatment* (line 24). The specialty explained that before the patient can enter the room, the machine must be isolated and secured against the wall. During this activity the physicist removes the HDR unit from vault and positions it in the treatment room. This activity is associated with equipment item, HDR Afterloader System, Nucletron (ER003) on line 113.
- The specialty had recommended 2 minutes and 5 minutes to setup scope (line 32). The PE Subcommittee questioned this because no scope is listed and the specialty explained that this time is needed not to set up a scope but rather to set up remote monitoring and radiation protection equipment The RUC agreed that this time was appropriate, however to avoid confusion they removed the 2 minutes of clinical staff time to setup a scope in line 32 for CPT codes 77767, 77768 and 77770 and 5 minutes for codes 77771 and 77772 and added a line item in the pre-service portion of the service period under other clinical activity (line 35).
- For CPT codes 77767 and 77768 only, it was determined that a clinical staff type of a RN (L051A) is not necessary for detach equipment from patient/implant removal (line 48) and monitor patient following service/check tubes, monitors, drains (not related to moderate sedation) (line 57) and was changed to a RN/LPN/MTA (L037D) blend (lines 49 and 58). For 77770, 77771 and 77772 the RN remains because bleeding must be controlled and this is out of the scope of practice for a RN/LPN/MTA (L037D) staff type.
- For CPT code 77768 only the RUC determined that supply items SA063, SB024 and SB034 are not necessary and they were removed.
- The PE Subcommittee had the specialty detail line by line when to clinical staffs are present and if they are working consecutively or concurrently. The equipment minute calculations should be updated to include the appropriate line items based on this discussion.

CPT Code (•New)	**Tracking Number**	**CPT Descriptor**	**Global Period**	**Work RVU Recommendation**
77295(f)	P1	3-dimensional radiotherapy plan, including dose-volume histograms	XXX	Specialties indicated that code was surveyed in January 2013 4.29 (reaffirmed)

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77300(f)	P2	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician (Do not report 77300 in conjunction with 77306, 77307, 77316, 77317, 77318, 77321, 77767, 77768, 77770, 77771, 77772, 0394T, 0395T)	XXX	Specialties indicated that code was recently surveyed in April 2014 0.62 (reaffirmed)

Radiation Oncology
Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services

Radiology
Radiation Oncology
Radiation Treatment Delivery

Following dosimetry calculations, there…

All treatment delivery codes are reported…

Radiation treatment delivery with…

Energies below the megavoltage range may be used in the treatment of skin lesions. Superficial radiation energies (up to 200 kV) may be generated by a variety of technologies and should not be reported with megavoltage (77402, 77407, 77412) for surface application. Do not report clinical treatment planning (77261, 77262, 77263), treatment devices (77332, 77333, 77334), isodose planning (77306, 77307, 77316, 77317, 77318), physics consultation (77336), or radiation treatment management (77427, 77431, 77432, 77435, 77469, 77470, 77499) with 77401 ~~or~~ 0394T or ~~0395T~~ or 0395T. When reporting 77401~~or 0394T~~ alone, ~~physician~~ evaluation and management, when performed, may be reported with the appropriate E/M codes.

Intensity modulated radiation therapy…

Radiation Oncology

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Clinical Brachytherapy

Clinical brachytherapy requires the use of either natural or man-made radioelements applied into or around a treatment field of interest. The supervision of radioelements and dose interpretation are performed solely by the therapeutic radiologist.

Services 77750-77799 include admission to the hospital and daily visits.

For insertion of ovoids and tandems, use 57155.

For insertion of Heyman capsules, use 58346.

Definitions

(Sources refer to intracavitary placement or permanent interstitial placement; ribbons refer to temporary interstitial placement)

A simple *application has one to four sources/ribbons.*

An intermediate *application has five to 10 sources/ribbons.*

A complex *application has greater than 10 sources/ribbons.*

~~(For high dose rate electronic brachytherapy, per fraction, use Category III code 0182T)~~

High dose rate brachytherapy involves treatment with radiation sources which cannot safely be handled ~~or loaded~~ manually. These systems are remotely controlled and place a radionuclide source (radioelement or radioisotope) within an applicator placed in or near the target. These applicators may be placed in the body or on the skin surface.

Small electronic x-ray sources placed into an applicator within or close to the target may also be used to generate radiation at high dose rates. This is referred to as ~~electronic~~ high dose rate electronic brachytherapy.

To report ~~electronic~~ high dose rate electronic brachytherapy, see 0394T, 0395T.

~~77785~~ ~~Remote afterloading high dose rate radionuclide brachytherapy; 1 channel~~

~~77786~~ ~~2-12 channels~~

~~77787~~ ~~over 12 channels~~

(77785, 77786, 77787 have been deleted. To report, see 77770, 77771, 77772)

▲77789 Surface application of low dose rate radionuclide ~~radiation~~ source

(Do not report 77789 in conjunction with ~~Category III code 0182T~~ 77401, 77767, 77768, 0394T, 0395T)

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77790	*Supervision, handling, loading of radiation source*			
77799	*Unlisted procedure, clinical brachytherapy*			
Category III				
~~0182T~~	~~High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction~~			
	(0182T has been deleted. To report, see 0394T, 0395T)			
	(Electronic brachytherapy is a form of radiation therapy ~~where~~in which an electrically generated x-ray source of ionizing radiation is placed inside or in close proximity to the tumor or target tissue to deliver therapeutic radiation dosage.)			
●0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed			
	(Do not report 0394T in conjunction with 77261, 77262, 77263, 77300, 77332, 77333, 77334, 77306, 77307, 77316, 77317, 77318, 77336, 77427, 77431, 77432, 77435, 77469, 77470, 77499, 77761, 77762, 77763, 77776, 77777, 77778, 77767, 77768, 77770, 77771, 77772, 77789)			
	(For nonskin surface application of high dose rate electronic brachytherapy, use 0395T)			
	(For high dose rate radionuclide surface brachytherapy, see 77767, 77768)			
	(For non-brachytherapy superficial [eg, ~~<~~ ≤ 200 kV] radiation treatment delivery, use 77401)			
●0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed			
	(Do not report 0395T in conjunction with 77261, 77262, 77263, 77300, 77332, 77333, 77334, 77306, 77307, 77316, 77317, 77318, 77336, 77427, 77431, 77432, 77435, 77469, 77470, 77499, 77761, 77762, 77763, 77776, 77777, 77778, 77767, 77768, 77770, 77771, 77772, 77789)			
	(For skin surface application of high dose rate electronic brachytherapy, use 0394T)			
●77767	P3	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	XXX	1.05

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●77768	P4	lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	XXX	1.40
●77770	P5	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	XXX	1.95
●77771	P6	2-12 channels	XXX	3.80
●77772	P7	over 12 channels (Do not report 77767, 77768, ~~77785-77787~~ 77770, 77771, 77772 in conjunction with ~~Category III code 0182T~~77300, 0394T, 0395T) (For non-brachytherapy superficial [eg, ~~<~~ ≤200 kV] radiation treatment delivery, use 77401)	XXX	5.40

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January 5, 2015

Barbara Levy, MD
RUC Chair
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

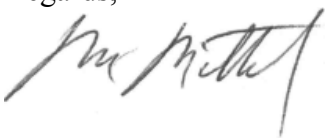
Re: Tab 16 Surface Radionuclide HDR Brachytherapy

Dear Dr. Levy:

Attached are the RUC recommendations for Tab 16 Surface Radionuclide HDR Brachytherapy. They include recommendations for 7778X1-7778X5. CPT Code 77295 was recently surveyed in January 2013 and CPT Code 77300 was surveyed in April 2014. As we understand it the prior RUC materials will be included in the agenda folder as background information for RUC members.

We look forward to presenting our recommendations later this month in San Diego. If you have any questions, please don't hesitate to contact me at Michael.Kuettel@roswellpark.org.

Regards,



Michael Kuettel, MD, PhD
ASTRO RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77767 Tracking Number P3 Original Specialty Recommended RVU: **1.05**
Presented Recommended RVU: **1.05**
Global Period: XXX RUC Recommended RVU: **1.05**

CPT Descriptor: Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female presents with a 1.5 cm lesion on the nasal ala. Biopsy shows basal cell carcinoma. Definitive radiation therapy is prescribed. Simulation, computer planning and medical physics preparation are performed (reported separately). Surface HDR brachytherapy is then performed.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The RO performs a review of the medical history, pathology reports, dose prescription, and dosimetry prior to treatment delivery. The physician then obtains or verifies the procedural consent and explains the high dose rate radiation treatment procedure to the patient. This procedure is typically treated in 6-8 days, two days per week. This pre work, as described above, is amortized over that period.

For each fraction, the treatment site is examined. A time out is performed to verify patient identity, tumor site, target location, and to confirm that all preceding steps have been correctly performed prior to HDR brachytherapy treatment delivery.

Description of Intra-Service Work: The radiation oncologist performs the dose calculation to determine the source activity for the treatment. The physician reviews and confirms the treatment plan, the prescription and plan parameters. The RO supervises the set up of the patient/machine. The RO evaluates the skin lesion and adjacent skin and places the applicator and ensures proper conformality and coverage. He/she makes all necessary adjustments to the applicator/catheters. The RO confirms the appropriate source transfer tube.. The RO approves dose fraction, source strength, dwell position, channel numbers, dwell time and total treatment time. The RO supervises the test run with a non-radioactive cable. The RO continuously monitors patient by maintaining visible and verbal contact throughout treatment and by monitoring devices. He/she continuously monitors treatment delivery and dose and is in constant communication with team. RO confirms treatment delivery parameters were achieved. The physician personally performs all the tasks outlined above, is in charge of patient care and also supervises all the clinical staff activities. Please note the physicist (clinical labor) tasks

generally relate to the radioactive source and the radiation therapist (clinical labor) tasks generally relate to the machine/equipment.

Description of Post-Service Work: Wound care addressed. Procedure note dictated. Coordination of follow-up care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Michael Kuettel, MD, PhD, Gerald White, Peter Orio, MD and Sheila Rege, MD				
Specialty(s):	Radiation Oncology				
CPT Code:	77767				
Sample Size:	535	**Resp N:** 61	**Response:** 11.4 %		
Description of Sample:	Random sample of radiation oncologists				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**5.00**	20.00	50.00
Survey RVW:	1.00	1.05	**1.10**	1.40	5.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:					
Pre-Service Scrub, Dress, Wait Time:					
Intra-Service Time:	10.00	20.00	**25.00**	30.00	60.00
Immediate Post Service-Time:	**6.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	_____	99291x	99292x		
Other Hospital time/visit(s):	_____	99231x	99232x	99233x	
Discharge Day Mgmt:	_____	99238x	99239x	99217x	
Office time/visit(s):	_____	99211x	12x	13x	14x 15x
Prolonged Services:	_____	99354x	55x	56x	57x
Sub Obs Care:	_____	99224x	99225x	99226x	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77767	**Recommended Physician Work RVU: 1.05**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**4.00**	**0.00**	**4.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77306	XXX	1.40	**RUC Time**

CPT Descriptor Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77285	XXX	1.05	**RUC Time**

CPT Descriptor Therapeutic radiology simulation-aided field setting; intermediate

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76805	XXX	0.99	**RUC Time**	12,082

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88361	XXX	1.18	**RUC Time**	122,197

CPT Descriptor 2 Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 44 **% of respondents:** 72.1 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 6.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 77767	Top Key Reference CPT Code: 77306	2nd Key Reference CPT Code: **77285**
Median Pre-Service Time	4.00	3.00	7.00
Median Intra-Service Time	25.00	40.00	40.00
Median Immediate Post-service Time	3.00	3.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**32.00**	**46.00**	**52.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.14	0.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.33	0.25
Urgency of medical decision making	-0.44	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.32	0.75
Physical effort required	-0.14	0.25
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	-0.27	0.75
Outcome depends on the skill and judgment of physician	0.23	0.50

Estimated risk of malpractice suit with poor outcome	0.45	0.25

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.05	0.75

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The RUC identified, as part of the 75% billed together screen, CPT codes 77785-77787 as being reported with basic dosimetry calculation, CPT code 77300. ASTRO was asked to review these codes and develop a CPT solution incorporating basic dosimetry calculations into the HDR brachytherapy codes.

The CPT Editorial Panel approved five new codes; deletion of three codes; and revision of code to report High Dose Rate (HDR) surface brachytherapy treatments for skin cancer. Establishment of two new Category III codes to report surface (skin) treatment HDR.

Units of Service Data
The specialty society reviewed CMS' units of service data for CPT codes 77785-87. The data confirmed it was typical to perform one basic dosimetry calculation for CPT codes 77785 and 77787. The data suggested that one or two basic dosimetry calculations were often performed with CPT code 77786 (one – 45% and two – 42%). The specialty used one on our summary spreadsheet.

Comparison within Radiation Oncology
Theses recommendations compare favorably within the radiation oncology family, particularly the reference codes selected by the survey participants:

Status	CPT Code	CPT Descriptor	Work RVU	Total Time	Pre Time	Intra Time	Post Time
surveyed	77767	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel*	1.05	35	7	25	3
ref code	77306	*Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)*	1.4	46	3	40	3
surveyed	77768	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*	1.40	45	7	35	3
ref code	77317	*Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)*	1.83	56	3	50	3
surveyed	77770	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel*	1.95	62	7	45	10

ref code	77318	*Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)*	3.3	86	3	80	3
surveyed	77771	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels*	3.8	92	7	70	15
ref code	77295	*3-dimensional radiotherapy plan, including dose-volume histograms*	4.29	112	7	90	15
surveyed	77772	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels*	5.4	125	7	100	18

Comparison to MPCs

Theses recommendations compare favorably within the overall fee schedule. Below is a comparison to several MPCs:

Status	CPT Code	CPT Descriptor	Work RVU	Total Time	Pre Time	Intra Time	Post Time
MPC	76805	*Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation*	0.99	26	5	15	6
surveyed	77767	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel*	1.05	35	7	25	3
MPC	88361	*Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology*	1.18	40		40	
surveyed	77768	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*	1.40	45	7	35	3
MPC	95861	*Needle electromyography; 2 extremities with or without related paraspinal areas*	1.54	49	10	29	10
surveyed	77770	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel*	1.95	62	7	45	10
MPC	74178	*Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions*	2.01	40	5	30	5

MPC	99205	*Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.*	3.17	67	7	45	15
surveyed	77771	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels*	3.8	92	7	70	15
MPC	99345	*Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.*	4.09	120	15	75	30
surveyed	77772	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels*	5.4	125	7	100	18

Recommendations

The specialty is recommending the 25th percentile for all 5 codes, supported by the surveyed time and resulting intensity. This takes into account efficiencies gained and reflects a budget savings for this family.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- [x] Multiple codes allow flexibility to describe exactly what components the procedure included.
- [ ] Multiple codes are used to maintain consistency with similar codes.
- [ ] Historical precedents.
- [ ] Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. HDR services are sometimes performed on the same day as a simulation and/or treatments devicies.

CPT	Glob	RVU	Time	Pre	Intra	Post
77280	XXX	0.7	37	7	25	5
77290	XXX	1.56	77	7	60	10
77332	XXX	0.54	28		28	
77333	XXX	0.84	33		33	

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77785 or 77787 and 77300

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radition Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,958
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that 33% of the utilization for CPT code 77785 will now be reported by 77767, 18% of the utilization for CPT code 77786 and 63% of the utilization of CPT code 77787 will now be reported by 77768. (Based on the Medicare ICD9 claims data at the time of the CCP submission.)

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77785

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77768 Tracking Number P4 Original Specialty Recommended RVU: **1.40**
Presented Recommended RVU: **1.40**
Global Period: XXX RUC Recommended RVU: **1.40**

CPT Descriptor: Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male has recurrence of a squamous cell carcinoma of the scalp. The lesion now measures 4.5 x 5 cm, and extends along the curvature of the scalp from the vertex to parietal regions. Radiation therapy using a multi-channel HDR surface applicator is prescribed. Simulation, computer planning and medical physics preparation are performed (reported separately).

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The RO performs a review of the medical history, pathology reports, dose prescription, and dosimetry prior to treatment delivery. The physician then obtains or verifies the procedural consent and explains the high dose rate radiation treatment procedure to the patient. This procedure is typically treated in 6-8 days, two days per week. This pre work, as described above, is amortized over that period.

For each fraction, the treatment site is examined. A time out is performed to verify patient identity, tumor site, target location, and to confirm that all preceding steps have been correctly performed prior to HDR brachytherapy treatment delivery.

Description of Intra-Service Work: The radiation oncologist performs the dose calculation to determine the source activity for the treatment. The physician reviews and confirms the treatment plan, the prescription and plan parameters. The RO supervises the set up of the patient/machine. The RO evaluates the skin lesion(s) and adjacent skin and places the flap applicator and ensures proper conformality and coverage. He/she makes all necessary adjustments to the applicator/catheters. The RO confirms the appropriate transfer tubes, and the number and location of the catheters against the planned sequence of connections to the source transfer tubes. The RO approves dose fractions, source strengths, dwell positions, channel numbers, dwell times and total treatment time. The RO supervises the test run with a non-radioactive cable. The RO continuously monitors patient by maintaining visible and verbal contact throughout treatment and by monitoring devices. Continuously monitors treatment delivery and dose and is in constant communication with team. RO confirms treatment delivery parameters were achieved. The physician personally performs all the tasks outlined above, is

in charge of patient care and also supervises all the clinical staff activities. Please note the physicist (clinical labor) tasks generally relate to the radioactive source and the radiation therapist (clinical labor) tasks generally relate to the machine/equipment.

Description of Post-Service Work: Wound care and dressing. Procedure note dictated. Coordination of follow-up care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Michael Kuettel, MD, PhD, Gerald White, Peter Orio, MD and Sheila Rege, MD				
Specialty(s):	Radiation Oncology				
CPT Code:	77768				
Sample Size:	535	**Resp N:** 61	**Response:** 11.4 %		
Description of Sample:	Random sample of radiation oncologists				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**5.00**	10.00	80.00
Survey RVW:	1.05	1.40	**1.50**	1.83	6.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	30.00	**35.00**	40.00	90.00
Immediate Post Service-Time:	**5.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77768	**Recommended Physician Work RVU: 1.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**4.00**	**0.00**	**4.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77317	XXX	1.83	**RUC Time**

CPT Descriptor Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77306	XXX	1.40	**RUC Time**

CPT Descriptor Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88361	XXX	1.18	**RUC Time**	122,197

CPT Descriptor 1 Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95861	XXX	1.54	**RUC Time**	32,591

CPT Descriptor 2 Needle electromyography; 2 extremities with or without related paraspinal areas

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 39 **% of respondents:** 63.9 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 8.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 77768	Top Key Reference CPT Code: 77317	2nd Key Reference CPT Code: **77306**
Median Pre-Service Time	4.00	3.00	3.00
Median Intra-Service Time	35.00	50.00	40.00
Median Immediate Post-service Time	3.00	3.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**42.00**	**56.00**	**46.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.15	1.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.15	1.25
Urgency of medical decision making	-0.38	1.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.41	1.40
Physical effort required	0.00	1.20
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.05	1.20
Outcome depends on the skill and judgment of physician	0.08	1.60

Estimated risk of malpractice suit with poor outcome	0.46	0.80

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.05	1.60

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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ref code	77306	*Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)*	1.4	46	3	40	3
surveyed	77768	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*	1.40	45	7	35	3
ref code	77317	*Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)*	1.83	56	3	50	3
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surveyed	77768	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*	1.40	45	7	35	3
MPC	95861	*Needle electromyography; 2 extremities with or without related paraspinal areas*	1.54	49	10	29	10
surveyed	77770	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel*	1.95	62	7	45	10
MPC	74178	*Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions*	2.01	40	5	30	5

MPC	99205	*Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.*	3.17	67	7	45	15
surveyed	77771	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels*	3.8	92	7	70	15
MPC	99345	*Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.*	4.09	120	15	75	30
surveyed	77772	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels*	5.4	125	7	100	18

Recommendations

The specialty is recommending the 25th percentile for all 5 codes, supported by the surveyed time and resulting intensity. This takes into account efficiencies gained and reflects a budget savings for this family.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. HDR services are sometimes performed on the same day as a simulation and/or treatments devicies.

CPT	Glob	RVU	Time	Pre	Intra	Post
77280	XXX	0.7	37	7	25	5
77290	XXX	1.56	77	7	60	10
77332	XXX	0.54	28		28	
77333	XXX	0.84	33		33	

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77785, 77786 or 77787 and 77300

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radition Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,685
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that 33% of the utilization for CPT code 77785 will now be reported by 77767, 18% of the utilization for CPT code 77786 and 63% of the utilization of CPT code 77787 will now be reported by 77768. (Based on the Medicare ICD9 claims data at the time of the CCP submission.)

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77786

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77770 Tracking Number P5 Original Specialty Recommended RVU: **1.95**
Presented Recommended RVU: **1.95**
Global Period: XXX RUC Recommended RVU: **1.95**

CPT Descriptor: Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old woman status post hysterectomy, pelvic lymph node dissection and periaortic lymph node sampling is found to have stage I C endometrial carcinoma, grade 2, 0/15 pelvic nodes and 0/4 periaortic lymph node positive. Vaginal cuff radiation is prescribed. A vaginal cylinder is inserted, and simulation, computer planning and medical physics preparation are performed (reported separately). HDR brachytherapy is then delivered.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The RO performs a review of the medical history, pathology reports, dose prescription, and dosimetry prior to treatment delivery. The physician then obtains or verifies the procedural consent and explains the high dose rate radiation treatment procedure to the patient. This procedure is typically treated in 2-3 days, delivered over two weeks. This pre work, as described above, is amortized over that period.

For each fraction, the treatment site is examined and symptoms assessment. A time out is performed to verify patient identity, tumor site, target location, and to confirm that all preceding steps have been correctly performed prior to HDR brachytherapy treatment delivery.

Description of Intra-Service Work: The radiation oncologist performs the dose calculation to determine the source activity for the treatment. The physician reviews and confirms the treatment plan, the prescription and plan parameters. The physician confirms the cylinder size and the prescription depth. The RO supervises the set up of the patient/machine, evaluates cylinder, and adjusts position. The RO then secures the applicator to the stabilization devise. He/she makes all necessary adjustments to the applicator/catheter. The RO approves dose fractions, source strengths, dwell positions, channel number, dwell times and total treatment time. The RO supervises the test run with a non-radioactive cable. The RO continuously monitors patient by maintaining visible and verbal contact throughout treatment and by monitoring devices. He/she continuously monitors treatment delivery and dose and is in constant communication with team. RO confirms treatment delivery parameters were achieved. The physician personally performs all the tasks outlined above, is in charge of patient care and also supervises all the clinical staff activities. Please note the physicist (clinical labor) tasks

generally relate to the radioactive source and the radiation therapist (clinical labor) tasks generally relate to the machine/equipment.

Description of Post-Service Work: Discuss physical/sexual activity, and symptom management with patient. Provide patient with advice on perineal care, vaginal dilator prescribed given with instructions on usage. Procedure note dictated. Coordination of follow-up care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Michael Kuettel, MD, PhD, Gerald White, Peter Orio, MD and Sheila Rege, MD				
Specialty(s):	Radiation Oncology				
CPT Code:	77770				
Sample Size:	535	**Resp N:** 64	**Response:** 11.9 %		
Description of Sample:	Random sample of radiation oncologists				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	3.00	**7.00**	12.00	100.00
Survey RVW:	1.40	1.95	**2.00**	3.92	9.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	40.00	**45.00**	46.00	120.00
Immediate Post Service-Time:	**15.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77770	**Recommended Physician Work RVU: 1.95**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**6.00**	**0.00**	**6.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77318	XXX	3.30	**RUC Time**

CPT Descriptor Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
57156	000	2.69	**RUC Time**

CPT Descriptor Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95861	XXX	1.54	**RUC Time**	32,591

CPT Descriptor 1 Needle electromyography; 2 extremities with or without related paraspinal areas

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74178	XXX	2.01	**RUC Time**	590,203

CPT Descriptor 2 Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions\

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 40.6 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 15.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 77770	Top Key Reference CPT Code: 77318	2nd Key Reference CPT Code: **57156**
Median Pre-Service Time	6.00	3.00	29.00
Median Intra-Service Time	45.00	80.00	30.00
Median Immediate Post-service Time	10.00	3.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**61.00**	**86.00**	**79.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.08	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	-0.10
Urgency of medical decision making	-0.27	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.46	0.00
Physical effort required	0.27	0.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.50	0.00
Outcome depends on the skill and judgment of physician	0.38	0.00
Estimated risk of malpractice suit with poor outcome	0.65	0.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.50	0.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The RUC identified, as part of the 75% billed together screen, CPT codes 77785-77787 as being reported with basic dosimetry calculation, CPT code 77300. ASTRO was asked to review these codes and develop a CPT solution incorporating basic dosimetry calculations into the HDR brachytherapy codes.

The CPT Editorial Panel approved five new codes; deletion of three codes; and revision of code to report High Dose Rate (HDR) surface brachytherapy treatments for skin cancer. Establishment of two new Category III codes to report surface (skin) treatment HDR.

Units of Service Data
The specialty society reviewed CMS' units of service data for CPT codes 77785-87. The data confirmed it was typical to perform one basic dosimetry calculation for CPT codes 77785 and 77787. The data suggested that one or two basic dosimetry calculations were often performed with CPT code 77786 (one – 45% and two – 42%). The specialty used one on our summary spreadsheet.

Comparison within Radiation Oncology
Theses recommendations compare favorably within the radiation oncology family, particularly the reference codes selected by the survey participants:

Status	CPT Code	CPT Descriptor	Work RVU	Total Time	Pre Time	Intra Time	Post Time
surveyed	77767	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel*	1.05	35	7	25	3
ref code	77306	*Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)*	1.4	46	3	40	3
surveyed	77768	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*	1.40	45	7	35	3
ref code	77317	*Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)*	1.83	56	3	50	3
surveyed	77770	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel*	1.95	62	7	45	10

ref code	77318	*Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)*	3.3	86	3	80	3
surveyed	77771	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels*	3.8	92	7	70	15
ref code	77295	*3-dimensional radiotherapy plan, including dose-volume histograms*	4.29	112	7	90	15
surveyed	77772	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels*	5.4	125	7	100	18

Comparison to MPCs

Theses recommendations compare favorably within the overall fee schedule. Below is a comparison to several MPCs:

Status	CPT Code	CPT Descriptor	Work RVU	Total Time	Pre Time	Intra Time	Post Time
MPC	76805	*Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation*	0.99	26	5	15	6
surveyed	77767	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel*	1.05	35	7	25	3
MPC	88361	*Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology*	1.18	40		40	
surveyed	77768	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*	1.40	45	7	35	3
MPC	95861	*Needle electromyography; 2 extremities with or without related paraspinal areas*	1.54	49	10	29	10
surveyed	77770	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel*	1.95	62	7	45	10
MPC	74178	*Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions*	2.01	40	5	30	5

MPC	99205	*Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.*	3.17	67	7	45	15
surveyed	77771	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels*	3.8	92	7	70	15
MPC	99345	*Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.*	4.09	120	15	75	30
surveyed	77772	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels*	5.4	125	7	100	18

Recommendations

The specialty is recommending the 25th percentile for all 5 codes, supported by the surveyed time and resulting intensity. This takes into account efficiencies gained and reflects a budget savings for this family.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. HDR services are sometimes performed on the same day as a simulation and/or treatments devicies.

CPT	Glob	RVU	Time	Pre	Intra	Post
77280	XXX	0.7	37	7	25	5
77290	XXX	1.56	77	7	60	10
77332	XXX	0.54	28		28	
77333	XXX	0.84	33		33	

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77785 and 77300

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radition Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? A national number is not known.
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14,124 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that 33% of the utilization for CPT code 77785 will now be reported by 77767, 18% of the utilization for CPT code 77786 and 63% of the utilization of CPT code 77787 will now be reported by 77768. (Based on the Medicare ICD9 claims data at the time of the CCP submission.)

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77785

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77771 Tracking Number P6 Original Specialty Recommended RVU: **3.80**
Presented Recommended RVU: **3.80**
Global Period: XXX RUC Recommended RVU: **3.80**

CPT Descriptor: Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old woman with has a 1.5 cm mammographically detected left breast cancer which is close to the chest wall. She undergoes lumpectomy with excision of the tumor, and placement of an interstitial multi-channel applicator into the lumpectomy cavity. Sentinel node biopsies are negative for malignancy. Partial breast irradiation is prescribed. Following simulation, computer planning and medical physics preparation (reported separately). HDR treatment is then administered.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The RO performs a review of the medical history, pathology reports, dose prescription, and dosimetry prior to treatment delivery. The physician then obtains or verifies the procedural consent and explains the high dose rate radiation treatment procedure to the patient. This procedure is typically treated for five days. This pre work, described above, is amortized over that period.

For each fraction, the physician performs an assessment of patient's level of comfort and pain medications are prescribed as necessary and appropriate pain control is verified. The physician removes protective bandages at every treatment and assesses the catheter insertion and exit sites on the skin for infection and makes the assessment to proceed with the treatment. The catheter caps are removed and the integrity of the catheter is assessed. A time out is performed to verify patient identity, tumor site, target location, and to confirm that all preceding steps have been correctly performed prior to HDR brachytherapy treatment delivery.

Description of Intra-Service Work: The radiation oncologist performs the dose calculation to determine the source activity for the treatment. The physician reviews and confirms the treatment plan, the prescription and plan parameters. The RO observes and verifies measurement of each catheter length. He/she evaluates the distal position of each catheter with respect to the skin surface and readjusts the catheter within the breast as necessary. The RO supervises the set up of the patient/machine. The RO confirms the number and location of the catheters against the planned sequence of connections to the source transfer tubes. The RO approves dose fractions, source strengths, dwell positions, channel numbers, dwell times

and total treatment time. The RO supervises the test run with a non-radioactive cable. The RO continuously monitors patient by maintaining visible and verbal contact throughout treatment and by monitoring devices. He/she continuously monitors treatment delivery and is in constant communication with team. The RO confirms treatment delivery parameters were achieved. Treatment interruption is typical to assess for patient comfort or treatment wire path obstructions. The physician personally performs all the tasks outlined above, is in charge of patient care and also supervises all the clinical staff activities. Please note the physicist (clinical labor) tasks generally relate to the radioactive source and the radiation therapist (clinical labor) tasks generally relate to the machine/equipment.

Description of Post-Service Work: After each treatment, the entrance and exit sites are cleaned, capped, and dressed to immobilize the catheters and secure them against the chest wall. The RO discusses with the patient her physical activity and symptom management. Procedure note dictated. Coordination of follow-up care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Michael Kuettel, MD, PhD, Gerald White, Peter Orio, MD and Sheila Rege, MD				
Specialty(s):	Radiation Oncology				
CPT Code:	77771				
Sample Size:	535	**Resp N:** 64	**Response:** 11.9 %		
Description of Sample:	Random sample of radiation oncologists				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**13.00**	20.00	94.00
Survey RVW:	3.25	3.80	**3.90**	5.78	9.75
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	25.00	60.00	**70.00**	75.00	120.00
Immediate Post Service-Time:	**17.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77771	**Recommended Physician Work RVU: 3.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**6.00**	**0.00**	**6.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**70.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77295	XXX	4.29	**RUC Time**

CPT Descriptor 3-dimensional radiotherapy plan, including dose-volume histograms

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
57155	000	5.40	**RUC Time**

CPT Descriptor Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99205	XXX	3.17	**RUC Time**	2,912,991

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99345	XXX	4.09	**RUC Time**	62,493

CPT Descriptor 2 Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 42 **% of respondents:** 65.6 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 7.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 77771	Top Key Reference CPT Code: 77295	2nd Key Reference CPT Code: **57155**
Median Pre-Service Time	6.00	7.00	43.00
Median Intra-Service Time	70.00	90.00	60.00
Median Immediate Post-service Time	15.00	15.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**91.00**	**112.00**	**133.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.54	0.60
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.38	0.40
Urgency of medical decision making	0.34	0.60
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.67	1.40
Physical effort required	0.90	1.20
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.93	1.40

Outcome depends on the skill and judgment of physician	0.93	1.40
Estimated risk of malpractice suit with poor outcome	0.83	1.20

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.83	1.20

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The RUC identified, as part of the 75% billed together screen, CPT codes 77785-77787 as being reported with basic dosimetry calculation, CPT code 77300. ASTRO was asked to review these codes and develop a CPT solution incorporating basic dosimetry calculations into the HDR brachytherapy codes.

The CPT Editorial Panel approved five new codes; deletion of three codes; and revision of code to report High Dose Rate (HDR) surface brachytherapy treatments for skin cancer. Establishment of two new Category III codes to report surface (skin) treatment HDR.

Units of Service Data
The specialty society reviewed CMS' units of service data for CPT codes 77785-87. The data confirmed it was typical to perform one basic dosimetry calculation for CPT codes 77785 and 77787. The data suggested that one or two basic dosimetry calculations were often performed with CPT code 77786 (one – 45% and two – 42%). The specialty used one on our summary spreadsheet.

Comparison within Radiation Oncology
Theses recommendations compare favorably within the radiation oncology family, particularly the reference codes selected by the survey participants:

Status	CPT Code	CPT Descriptor	Work RVU	Total Time	Pre Time	Intra Time	Post Time
surveyed	77767	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel*	1.05	35	7	25	3
ref code	77306	*Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)*	1.4	46	3	40	3
surveyed	77768	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*	1.40	45	7	35	3
ref code	77317	*Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)*	1.83	56	3	50	3

surveyed	77770	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel*	1.95	62	7	45	10
ref code	77318	*Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)*	3.3	86	3	80	3
surveyed	77771	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels*	3.8	92	7	70	15
ref code	77295	*3-dimensional radiotherapy plan, including dose-volume histograms*	4.29	112	7	90	15
surveyed	77772	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels*	5.4	125	7	100	18

Comparison to MPCs

Theses recommendations compare favorably within the overall fee schedule. Below is a comparison to several MPCs:

Status	CPT Code	CPT Descriptor	Work RVU	Total Time	Pre Time	Intra Time	Post Time
MPC	76805	*Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation*	0.99	26	5	15	6
surveyed	77767	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel*	1.05	35	7	25	3
MPC	88361	*Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology*	1.18	40		40	
surveyed	77768	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*	1.40	45	7	35	3
MPC	95861	*Needle electromyography; 2 extremities with or without related paraspinal areas*	1.54	49	10	29	10
surveyed	77770	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel*	1.95	62	7	45	10
MPC	74178	*Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions*	2.01	40	5	30	5

MPC	99205	*Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.*	3.17	67	7	45	15
surveyed	77771	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels*	3.8	92	7	70	15
MPC	99345	*Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.*	4.09	120	15	75	30
surveyed	77772	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels*	5.4	125	7	100	18

Recommendations

The specialty is recommending the 25th percentile for all 5 codes, supported by the surveyed time and resulting intensity. This takes into account efficiencies gained and reflects a budget savings for this family.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. HDR services are sometimes performed on the same day as a simulation and/or treatments devicies.

CPT	Glob	RVU	Time	Pre	Intra	Post
77280	XXX	0.7	37	7	25	5
77290	XXX	1.56	77	7	60	10
77332	XXX	0.54	28		28	
77333	XXX	0.84	33		33	

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77786 and 77300

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radition Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? A national number is not available.
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 26,330 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that 33% of the utilization for CPT code 77785 will now be reported by 77767, 18% of the utilization for CPT code 77786 and 63% of the utilization of CPT code 77787 will now be reported by 77768. (Based on the Medicare ICD9 claims data at the time of the CCP submission.)

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77786

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77772 Tracking Number P7 Original Specialty Recommended RVU: **5.40**
Presented Recommended RVU: **5.40**
Global Period: XXX RUC Recommended RVU: **5.40**

CPT Descriptor: Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old man presents with a T2c Gleason 7, PSA 11 prostate cancer. He receives external beam irradiation to the prostate and periprostatic lymph nodes. An interstitial implant boost of prostate is performed (reported separately). Following simulation, computer planning and medical physics preparation (reported separately). HDR boost is then administered.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The RO performs a review of the medical history, pathology reports, dose prescription, and dosimetry prior to treatment delivery. The physician then verifies the procedural consent and explains the high dose rate radiation treatment procedure to the patient. This procedure is typically treated in two days, one to two weeks apart. This pre work, as described above, is amortized over that period.

For each fraction, the physician performs an assessment of patient's level of comfort, pain medications are prescribed as necessary, and appropriate pain control is verified. The physician assesses the patient's urinary output (Foley catheter in place) for output, flow, hematuria/clotting. The physician assesses the patient for any rectal bleeding or unusual symptoms. The physician examines the site and assesses the template. A time out is performed to verify patient identity, tumor site, target location, and to confirm that all preceding steps have been correctly performed prior to HDR brachytherapy treatment delivery.

Description of Intra-Service Work: The radiation oncologist performs the dose calculation to determine the source activity for the treatment. The physician reviews and confirms the treatment plan, the prescription and plan parameters. The physician confirms and evaluates the perineal template position and catheters. The RO adjustments to catheters are typical and performed by the radiation oncologist. The RO supervises the set-up of the patient/machine. The RO confirms the number and location of the catheters against the planned sequence of connections to the source transfer tube. The RO approves dose fractions, source strengths, dwell positions, channel numbers, dwell times and total treatment time. The RO supervises the test run with a non-radioactive cable. The RO continuously monitors patient by maintaining visible and

verbal contact throughout treatment and by monitoring devices. Continuously monitors treatment delivery and dose and is in constant communication with team. The treatment is typically treatment is divided into two phases that requires repetition of the above steps. The RO confirms treatment delivery parameters were achieved. The physician personally performs all the tasks outlined above, is in charge of patient care and also supervises all the clinical staff activities. Please note the physicist (clinical labor) tasks generally relate to the radioactive source and the radiation therapist (clinical labor) tasks generally relate to the machine/equipment.

Description of Post-Service Work: Implant, including perineal template, is removed with catheters. Manual pressure to perineum for hemostasis. . Patients urinary output assessed and Foley catheter removed once urine is clear and with no clots. Verify that patient is able to urinate on his own. Discharge on pain medication and antibiotics. Physical/sexual activity and symptom management discussed. Procedure note dictated. Coordinate follow up appointment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Michael Kuettel, MD, PhD, Gerald White, Peter Orio, MD and Sheila Rege, MD				
Specialty(s):	Radiation Oncology				
CPT Code:	77772				
Sample Size: 535	**Resp N:** 64	**Response:** 11.9 %			
Description of Sample:	Random sample of radiation oncologists				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**10.00**	20.00	225.00
Survey RVW:	4.00	5.40	**5.45**	8.20	10.25
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	40.00	88.00	**100.00**	105.00	200.00
Immediate Post Service-Time:	**25.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77772	**Recommended Physician Work RVU: 5.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**6.00**	**0.00**	**6.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**100.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**18.00**	**18.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77295	XXX	4.29	

CPT Descriptor 3-dimensional radiotherapy plan, including dose-volume histograms

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55920	000	8.31	**RUC Time**

CPT Descriptor Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99345	XXX	4.09	**RUC Time**	62,493

CPT Descriptor 1 Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 41 **% of respondents:** 64.0 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 14.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 77772	Top Key Reference CPT Code: 77295	2nd Key Reference CPT Code: **55920**
Median Pre-Service Time	6.00	7.00	55.00
Median Intra-Service Time	100.00	90.00	90.00
Median Immediate Post-service Time	18.00	15.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**124.00**	**112.00**	**175.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.73	0.44
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.68	0.67
Urgency of medical decision making	0.63	0.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.85	1.11
Physical effort required	0.95	1.11
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.90	1.22
Outcome depends on the skill and judgment of physician	0.88	1.22

Estimated risk of malpractice suit with poor outcome	1.07	1.38

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.88	1.22

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The RUC identified, as part of the 75% billed together screen, CPT codes 77785-77787 as being reported with basic dosimetry calculation, CPT code 77300. ASTRO was asked to review these codes and develop a CPT solution incorporating basic dosimetry calculations into the HDR brachytherapy codes.

The CPT Editorial Panel approved five new codes; deletion of three codes; and revision of code to report High Dose Rate (HDR) surface brachytherapy treatments for skin cancer. Establishment of two new Category III codes to report surface (skin) treatment HDR.

Units of Service Data
The specialty society reviewed CMS' units of service data for CPT codes 77785-87. The data confirmed it was typical to perform one basic dosimetry calculation for CPT codes 77785 and 77787. The data suggested that one or two basic dosimetry calculations were often performed with CPT code 77786 (one – 45% and two – 42%). The specialty used one on our summary spreadsheet.

Comparison within Radiation Oncology
Theses recommendations compare favorably within the radiation oncology family, particularly the reference codes selected by the survey participants:

Status	CPT Code	CPT Descriptor	Work RVU	Total Time	Pre Time	Intra Time	Post Time
surveyed	77767	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel*	1.05	35	7	25	3
ref code	77306	*Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)*	1.4	46	3	40	3
surveyed	77768	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*	1.40	45	7	35	3
ref code	77317	*Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)*	1.83	56	3	50	3
surveyed	77770	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel*	1.95	62	7	45	10

ref code	77318	*Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)*	3.3	86	3	80	3
surveyed	77771	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels*	3.8	92	7	70	15
ref code	77295	*3-dimensional radiotherapy plan, including dose-volume histograms*	4.29	112	7	90	15
surveyed	77772	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels*	5.4	125	7	100	18

Comparison to MPCs

Theses recommendations compare favorably within the overall fee schedule. Below is a comparison to several MPCs:

Status	CPT Code	CPT Descriptor	Work RVU	Total Time	Pre Time	Intra Time	Post Time
MPC	76805	*Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation*	0.99	26	5	15	6
surveyed	77767	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel*	1.05	35	7	25	3
MPC	88361	*Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology*	1.18	40		40	
surveyed	77768	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*	1.40	45	7	35	3
MPC	95861	*Needle electromyography; 2 extremities with or without related paraspinal areas*	1.54	49	10	29	10
surveyed	77770	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel*	1.95	62	7	45	10
MPC	74178	*Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions*	2.01	40	5	30	5

MPC	99205	*Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.*	3.17	67	7	45	15
surveyed	77771	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels*	3.8	92	7	70	15
MPC	99345	*Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.*	4.09	120	15	75	30
surveyed	77772	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels*	5.4	125	7	100	18

Recommendations

The specialty is recommending the 25th percentile for all 5 codes, supported by the surveyed time and resulting intensity. This takes into account efficiencies gained and reflects a budget savings for this family.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. HDR services are sometimes performed on the same day as a simulation and/or treatments devicies.

CPT	Glob	RVU	Time	Pre	Intra	Post
77280	XXX	0.7	37	7	25	5
77290	XXX	1.56	77	7	60	10
77332	XXX	0.54	28		28	
77333	XXX	0.84	33		33	

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77787 and 77300

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radition Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? A national number is not availble.
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,293
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that 33% of the utilization for CPT code 77785 will now be reported by 77767, 18% of the utilization for CPT code 77786 and 63% of the utilization of CPT code 77787 will now be reported by 77768. (Based on the Medicare ICD9 claims data at the time of the CCP submission.)

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77787

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Surface Radionuclide High Dose Radiation Brachytherapy

TAB: 16

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF #1	77306	Teletherapy isodose plan; simple (1 or 2 ur	44	0.032			1.40			46	3					40			3
REF #2	77285	Therapeutic radiology simulation-aided fie	4	0.020			1.05			52	7					40			5
CURREN T	77300	Basic radiation dosimetry calculation, central axi		0.041			0.62			15						15			
CURREN T	77785	Remote afterloading high dose rate radionuclide		0.032			1.42			51	10	1				30			10
CURREN T	77787	Remote afterloading high dose rate radionuclide		0.044			4.89			130	19	1				90			20
SVY	77767	Remote afterloading high dose rate radion	61	0.032	1.00	1.05	1.15	1.40	5.00	41	10			10	20	25	30	60	6
REC		Number of 77300s (1)		0.036			1.05			32	4					25			3

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF #1	77317	Brachytherapy isodose plan; intermediate	39	0.034			1.83			56	3					50			3
REF #2	77306	Teletherapy isodose plan; simple (1 or 2 ur	5	0.032			1.40			46	3					40			3
CURREN T	77300	Basic radiation dosimetry calculation, central axi		0.041			0.62			15						15			
CURREN T	77785	Remote afterloading high dose rate radionuclide		0.032			1.42			51	10	1				30			10
CURREN T	77787	Remote afterloading high dose rate radionuclide		0.044			4.89			130	19	1				90			20
SVY	77768	Remote afterloading high dose rate radion	61	0.033	1.05	1.40	1.50	1.83	6.00	50	10			15	30	35	40	90	5

AMERICAN MEDICAL ASSOCIATION/SPECIALTY SOCIETY
RELATIVE VALUE SCALE UPDATE COMMITTEE ("RUC")
CONFLICT OF INTEREST POLICY

No RUC or other Committee, Subcommittee or Workgroup representative will vote or participate in any deliberation on a specific issue in the event the representative, or the representative's family member, has a direct financial interest in the outcome of the vote or deliberation other than the representative in the course of their practice performing the procedure or service at issue. Every RUC or other Committee, Subcommittee or Workgroup representative shall disclose his or her, or family member's, direct financial interest(s) prior to any vote or deliberation and shall not vote or participate in the deliberation in which he or she has a direct financial interest. Any known disclosure should be made to the RUC chair in writing prior to the meeting.

Any individual who is presenting or discussing relative value recommendations before the RUC shall disclose on a Financial Disclosure Form his or her direct financial interest(s) if any, prior to any presentation(s). The Administrative Subcommittee will review financial disclosure documents in advance of the meeting. If a direct financial interest is identified on the financial disclosure form, the individual may be precluded from presenting.

For purposes of this Policy, direct financial interest means: (i) a financial ownership interest in an organization (i.e., "organization" shall mean any entity with an interest in the development of relative value recommendations) of 5% or more; or (ii) a financial ownership interest in an organization which contributes materially (i.e., "materially" shall mean income *(excluding any reimbursement for expenses)* for the past twenty-four months of at least $10,000) to your income; or (iii) ownership of stock options in an organization that is related to issues at the RUC, or (iv) a position as proprietor, director, managing partner, or key employee in an organization; or (v) a consultant, expert witness, speaker or writer for an organization, where payment contributes materially to your income.

For purposes of the Policy "family member" means spouse, domestic partner, parent, child, brother or sister. Disclosure of a family member's interest applies to the extent known by the representative or presenter.

Revised: April 2010

STATEMENT OF COMPLIANCE WITH
RELATIVE VALUE SCALE UPDATE COMMITTEE ("RUC")
CONFLICT OF INTEREST POLICY

I understand that I am expected to comply with the Conflict of Interest Policy of the RUC. To my knowledge and belief, I am in compliance with the Conflict of Interest Policy. I will disclose any direct financial interests in specific issues considered by the RUC, or any subcommittee or workgroup of the RUC, and I will recuse myself from deliberation and vote on any issue in which I or any family member have a direct financial interest. I understand that I have a continuing responsibility to comply with the Conflict of Interest Policy, and I will promptly disclose my direct financial interests required to be disclosed under this Policy.

Date: 1/5/15 Signature: _____

Print Name: Sheila Rege MD

Revised: April 2010

Tab #16
Tab Number

Tab 16 Surface Radionuclide HDR Brachytherapy
Issue

7778X1-7778X5
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Michael Kuettel, MD, PhD
Printed Signature

ASTRO
Specialty Society

January 5, 2015
Date

CPT Code: 77767-72
Specialty Societies: ASTRO, ACRO and ABS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Period: XXX **Meeting Date:** January 2015

CPT Long Descriptors:

77767	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel*
77768	*Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*
77770	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel*
77771	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels*
77772	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels*

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus group representing ASTRO, ACRO, ABS and AAPM was developed to review the existing PE inputs and develop recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The predecessor HDR codes are currently priced in the office. The current direct PE inputs are included on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The specialty societies are requesting the following equipment changes:

Treatment vault – CMS has delayed their decision on whether the treatment vault is a direct or an indirect expense. During this period of analysis, the treatment vault has been included as a direct in the appropriate radiation oncology codes. As such, we recommend it be included for these 5 new HDR codes.

Emergency Service Container/Safety Kit with transport cart – The RUC approved the inclusion of the safety kit as a direct expense at the April 2013 RUC meeting. CMS removed the input. We are requesting that the RUC approve the input again. **invoice included again*

Exam Light – We are requesting an exam light for X5. An exam light is necessary throughout the procedure. We do not know why it was not included in prior recommendations.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The Radiation Oncologists' clinical staff completes pre-service diagnostic & referral forms and coordinates pre-surgery services. They provide pre-service education/obtain consent from the patient. The physicist removes the HDR unit from security closet/security system and positions it in the treatment room.

Intra-Service Clinical Labor Activities:

77767

The HDR machine is tested, validated and prepared for treatment by the physicist. The patient is taken into the shielded HDR treatment room. The source transfer cable is attached to the applicator and the HDR afterloader by the RTT. The applicator is positioned by the physician over the skin lesion. The RTT assists the physician with the applicator mounting device to secure the applicator in place, and with patient immobilization as necessary. The source path length is measured by the therapist and verified by the physicist. The radiation prescription is verified, a decay calculation is performed and results entered into the delivery system, and the treatment time and dwell position are checked by the physicist. A test cable run is performed to assure an unobstructed transfer. After the system has been connected, checked, and the dwell time and dose verified, the physician verifies the integrity of the applicator placement. The staff leaves the treatment room and the room is closed. The HDR machine is then armed and the source released. The source moves in and out of the transfer cable into the indwelling applicator channel. Supervision is personal for the physician, physicist; the radiation therapist remains at the treatment console. The RTT monitors the patient position, vault door and video monitor and verifies the overall treatment time.; the physicist monitors the source exchange, channel dwell time, transfer tube and radiation detectors and is immediately available to assist the physician to troubleshoot any treatment console system error codes, and the physician is present for the entire treatment delivery. After the HDR treatment, the radiation source is secured and the room is entered. The room and patient are surveyed and the source transfer tube is disconnected from the patient and the HDR afterloader. The physician removes the applicator the RTT removes the stabilization device

77768s

The HDR machine is tested, validated and prepared for treatment by the physicist. The patient is taken into the shielded HDR treatment room. The implant channels are cleaned and source cables are attached by the therapist. The catheters are trimmed to their final length by the physicist/ RTT. The source transfer cables, each individually numbered and cross referenced to the computerized treatment plan, are attached one at a time by the RTT. After they are connected, the physicist verifies each channel connection. Then with the RTT, physicist and physician place the applicator grid and review the position of the applicator and each catheter distal termination is compared to the initial position at planning. If source position changes are necessary they are made at this time. The RTT assists the physician with the applicator mounting device/ retention device to secure the applicator in place, with patient immobilization as necessary. The source path length is measured by the therapist and verified by the physicist. The radiation prescription is verified, a decay calculation is performed and results entered into the delivery system, and the treatment time and dwell positions are checked by the physicist. A test cable run is performed to assure an unobstructed transfer. After the system has been connected, checked, and the dwell times and doses verified, the physician verifies the integrity of the applicator placement. The staff leaves the treatment room and the room is closed. The HDR machine is then armed and the source released. The source moves in and out of the transfer cable into the indwelling applicator channel. Supervision is personal for the physician, physicist; the radiation therapist remains at the treatment console. The RTT monitors the patient position, vault door and video monitor and verifies the overall treatment time. the physicist monitors the source exchange, channel dwell time, transfer tube and radiation detectors and is immediately available to assist the physician to troubleshoot any treatment console system error codes, and the physician is present for the entire treatment delivery. After the HDR treatment, the radiation source is secured and the room is entered. The room and patient are surveyed and the source transfer tubes are disconnected from the patient and the HDR afterloader. The physician removes the applicator the RTT removes the stabilization device

77770

The HDR machine is tested, validated and prepared for treatment by the physicist. The patient is taken into the shielded HDR treatment room. The implant channel is cleaned and source cable is attached by the therapist. The source transfer cable is attached to the applicator and the HDR afterloader. The source path length is measured by the therapist and verified by the physicist. The radiation prescription is verified, a decay calculation is performed and results entered into the delivery system, and the treatment time and dwell positions are checked by the physicist. A test cable run is performed to assure an unobstructed transfer. While the physicist is performing these steps and procedures, the Oncology Registered Nurse (ORN) is present and immediately available, connecting the patient to the remote monitors, assessing pain, and tracking vital signs. After the system has been connected, checked, and the dwell times and doses verified, and the patient has been positioned for remote monitoring and bladder filling status verified, the physician verifies the integrity of the applicator placement. , The staff leaves the treatment room and the room is closed. The HDR machine is then armed and the source released. The source moves in and out of the transfer cable into the indwelling applicator channel. Supervision is personal for the physician, physicist; the oncology nurse, and radiation therapist remain at the treatment console. The RTT monitors the patient position, vault

door and video monitor and verifies the overall treatment time. The nurse is monitoring the patient's vital signs and general condition, communicating with the patient via the intercom; the physicist monitors the source exchange, channel dwell times, transfer tubes and radiation detectors and is immediately available to assist the physician to troubleshoot any treatment console system error codes, and the physician is present for the entire treatment delivery. After the HDR treatment, the radiation source is secured and the room is entered. The room and patient are surveyed and the source transfer tube is disconnected from the patient and the HDR afterloader. The physician removes the cylinder,and the nurse removes the stabilization device

77771

The HDR machine is tested, validated and prepared for treatment by the physicist. The patient is taken into the shielded HDR treatment room.. The bandages are removed, and punctate wounds cleaned by the nurse if required, The brachytherapy channels are cleaned and the catheters are trimmed to their final length by the physicist/ RTT. The source transfer cables, each individually numbered and cross referenced to the computerized treatment plan, are attached one at a time by the RTT with the assistance of the nurse. After they are connected, the physicist verifies each channel connection. The physicist and physician review the position of each catheter distal termination as compared to the initial position at planning. If source position changes are necessary they are made at this time. The radiation prescription is verified, a decay calculation is performed and results entered into the delivery system, and the treatment time and dwell positions are checked by the physicist. A test cable run is performed, as each catheter must be checked to assure an unobstructed transfer. While the physicist is performing these procedures, the Oncology Registered Nurse (ORN) is present and immediately available, connecting the patient to the remote monitors, assessing pain, and tracking vital signs . After the system has been connected, checked, and the dwell times and doses verified, and the patient has been positioned for remote monitoring, the staff leave the treatment room and the room is closed. The HDR machine is then armed and the source released. The source moves in and out of the transfer cables into the matrix of brachytherapy channel dwell positions for precisely prescribed periods of time. Supervision is personal for the physician, physicist; the ORN and RTT remain at the treatment console. The RTT monitors the patient position, vault door and video monitor; the nurses monitor the patient's vital signs and oxygen saturation status, communicating with the patient via the intercom. The physicist monitors the source exchange, channel dwell times transfer tubes and radiation detectors and is immediately available to assist the physician to troubleshoot any error codes, and the physician is present for the entire exposure. After the last transfer, the radiation source is secured and the room is entered. The room and patient are surveyed and the source transfer tubes are disconnected from the patient and the HDR afterloader. The RTT cleans and caps the interstitial catheter tubes and the nurse cleans the wounds, applies antibiotics and bandages the breast and monitors the vital signs.

77772

The HDR machine is tested, validated and prepared for treatment by the physicist. The patient is taken into the shielded HDR treatment room. The implant channel is cleaned and source cables are attached by the therapist. The brachytherapy channels are cleaned and the catheters attached to the extender tubes by the RTT. The source transfer cables, each individually numbered and cross referenced to the computerized treatment plan, are attached one at a time to the extender by the RTT with the assistance of the nurse. After they are connected the physicist verifies each channel connection. The radiation prescription is verified, a decay calculation is performed and results entered into the delivery system and the treatment time and dwell positions are checked by the physicist. A test cable run is performed, as each catheter must be checked to assure an unobstructed transfer. While the physicist is performing these procedures, the ORN is present and immediately available, connecting the patient to the remote monitors, assessing pain, and tracking vital signs. The nurse administers intravenous pain meds as needed as directed by the physician and monitors bladder irrigation. After the system has been connected, checked, and the dwell times and doses verified, and the patient and display screens have been positioned for remote monitoring, the staff leaves the treatment room and the room is closed. The HDR machine is then armed and the source released. The source moves in and out of the transfer cables into the matrix of brachytherapy channel dwell positions for precisely prescribed periods of time. Supervision is personal for the physician, physicist; the oncology nurse, and radiation therapist remain at the treatment console. The RTT monitors patient position, vault door and video monitor, the nurse is monitoring the patient's vital signs and oxygen saturation status, communicating with the patient via the intercom. The physicist monitors the source exchange, channel dwell times, transfer tubes and radiation detectors and is immediately available to assist the physician to troubleshoot any error codes, and the physician is present for the entire exposure. After the last radiation transfer, the source is secured and the room is entered. The room and patient are surveyed and the source transfer tubes are disconnected from the patient and the HDR afterloader. The nurse adjusts the bladder irrigation and pain control as required. At the conclusion of the course of treatment, the implant is removed. The nurse assists the physician with the implant removal, including the time to apply direct pressure on the perineum to obtain hemostasis. After the implant site and urinary bleeding have been controlled, the nurse removes the foley catheter, monitors the patient's vital signs, and ensures complete recovery after the procedure.

Post-Service Clinical Labor Activities:

Nurse removes the IV, cleans the implant site, applies a dressing, assists the patient out of bed, monitors vital signs, and provides post treatment education and schedules the follow up appointments. Phone calls are made by the nurse to follow up and phone in prescriptions.

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED At Meeting**			**Recommendations**		**Recommendations**		**Recommendations**		**CURRENT**	**2014**
2	**Meeting Date:** January 2015 **Tab:** 16 Surface Radionuclide High Dose Radiation Brachytherapy **Specialty**:Radiation Oncology			**77767**		**77768**		**77770**		**77785**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Remote afterloadingHDR radionuclide **skin** surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel*		*Remote afterloading HDR radionuclide **skin** surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*		*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; **1 channel***		*Remote afterloading high dose rate radionuclide brachytherapy; 1 channel*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**68**		**104**		**86**		**88**	
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**6**		**6**		**9**		**9**	
8		*L037D*	*RN/LPN/MTA*	*3*		*3*		*6*		*6*	
9		*L107A*	*MedDos/Physics*	*3*		*3*		*3*		*3*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**62**		**98**		**77**		**79**	
11		*L037D*	*RN/LPN/MTA*	*10*		*10*		*10*		*10*	
12		*L050C*	*RadTher*	*17*		*33*		*22*		*22*	
13		*L051A*	*RN*	*0*		*0*		*3*		*3*	
14		*L152A*	*MedPhys*	*21*		*41*		*28*		*16*	
15		*L107A*	*MedDos/Physics*	*14*		*14*		*14*		*28*	
16	**TOTAL POST-SERV CLINICAL LABOR TIME**										
17	**PRE-SERVICE**										
18	**Start: Following visit when decision for surgery or procedure made**										
19	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	1		1		2		2	
20	Coordinate pre-surgery services	L037D	RN/LPN/MTA	1		1		2		2	
21	Schedule space and equipment in facility										
22	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	1		1		2		2	
23	Follow-up phone calls & prescriptions										
24	*Other Clinical Activity - *specify: prepare afterloader unit for treatment*	L107A	Med Dos/Physics	3		3		3		3	
25	**End: When patient enters office/facility for surgery/procedure**										
26	**SERVICE PERIOD**										
27	**Start: When patient enters office/facility for surgery/procedure:**										
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3	
29	Obtain vital signs	L037D	RN/LPN/MTA					3		3	
30	Provide pre-service education/obtain consent										
31	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2		2		2	
32	Setup scope (non facility setting only) Remote monitoring and radiation protection equipment	L050C	RadTher							2	
33	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2		2		2	
34	Sedate/apply anesthesia										
35	*Other Clinical Activity - specify: **Set Up REMOTE RADIATION MONITORING**	L050C	RadTher	2		2		2			
36	**Intra-service**										
37	Assist physician in performing procedure										
38	Assist physician/moderate sedation (% of physician time)										
39	*Prepare system for treatment*	*L050C*	RadTher	*2*		*7*		*4*		*4*	
40	*(enter treatment plans, source coordinates, etc)*	*L152A*	MedPhys	*5*		*14*		*9*		*9*	
41	*Prepare patient for treatment*	*L050C*	RadTher			*2*					
42	*(attach cables, additional positioning, verification, etc)*	*L152A*	MedPhys	*2*		*5*		*2*		*2*	
43	*Treatment*	*L050C*	RadTher	*7*		*15*		*10*		*10*	
44		*L152A*	MedPhys	*7*		*15*		*10*		*10*	
45		*L051A*	RN								
46	*Detach equipment from patient/implant removal*	*L050C*	RadTher	*1*		*1*		*1*		*1*	
47		*L152A*	MedPhys								
48		*L051A*	RN					*1*		*1*	
49		L037D	RN/LPN/MTA	*1*		*1*				*1*	
50	*Patient, unit and room surveys*	*L050C*	RadTher								
51		*L152A*	MedPhys	*5*		*5*		*5*		*5*	
52	*Complete treatment documentation*	*L050C*	RadTher	*1*		*1*		*1*		*1*	
53		*L152A*	MedPhys	*2*		*2*		*2*		*2*	
54	*Dose Calculation*	*L107A*	MedDos/Physics	*14*		*14*		*14*			
55	**Post-Service**										
56	Monitor pt. following moderate sedation										
57	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN					2		2	
58	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	2		2				2	
59	Clean room/equipment by physician staff	L050C	RadTher	2		2		2		2	
60	Clean Scope - transfer tube(s) & conneciton devices	L050C	RadTher	2		3		2		2	
61	Clean Surgical Instrument Package										

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED At Meeting**			**Recommendations**		**Recommendations**		**Recommendations**		**CURRENT**	**2014**
2	**Meeting Date:** January 2015 **Tab:** 16 Surface Radionuclide High Dose Radiation Brachytherapy **Specialty**:Radiation Oncology			**77767**		**77768**		**77770**		**77785**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Remote afterloadingHDR radionuclide **skin** surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel*		*Remote afterloading HDR radionuclide **skin** surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*		*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; **1 channel***		*Remote afterloading high dose rate radionuclide brachytherapy; 1 channel*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
62	Complete diagnostic forms, lab & X-ray requisitions										
63	Review/read X-ray, lab, and pathology reports										
64	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
65	*Other Clinical Activity - *specify:*										
66	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)									n/a	
67	Dischrg mgmt (1.0 x 99238) (enter 12 min)									n/a	
68	Dischrg mgmt (1.0 x 99239) (enter 15 min)									n/a	
69	**End: Patient leaves office**										
70	**POST-SERVICE Period**										
71	**Start: Patient leaves office/facility**										
72	Conduct phone calls/call in prescriptions										
80	*Other Clinical Activity - *specify:*										
81	**End: with last office visit before end of global period**										
82	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
83	pack, minimum multi-specialty visit	SA048	pack								
84	kit, scissors and clamp	SA027	kit					1		1	
85	tray, catheter insertion (w-o catheter)	SA063	tray							1	
86	gloves, non-sterile	SB022	pair	3		3		3		3	
87	gloves, sterile	SB024	pair					3		3	
88	gown, patient	SB026	item			1		1		1	
89	mask, surgical, with face shield	SB034	item					2		2	
90	towel, non-sterile	SB042	item	1		1		1		1	
91	underpad 2ft x 3ft (Chux)	SB044	item			1		1		1	
92	gauze, sterile 4in x 4in	SG055	item	2		5		5		5	
93	tape, surgical paper 1in (Micropore)	SG077	inch	6		12		12		12	
94	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			1		1		1	
95	swab-pad, alcohol	SJ053	item	5		5		5		5	
96	tincture of benzion, liquid	SJ059	ml	5		5		5		5	
97	paper, laser printing (each sheet)	SK057	item	2		6		4		4	
98	glutaraldehyde 3.4% (Cidex, Maxide, Wavicide)	SM018	oz	13		13		13		13	
99											
100	**EQUIPMENT**	**CODE**									
101	stretcher	EF018						2		2	
102	brachytherapy treatment vault (NEW)	NEW		36		62		45			
103	Emergency service container/Safety kit with transport cart (NEW)	NEW		36		62		45			
104	Computer system, record and verify	ED011		3		5		5		5	
105	Video Camera (machine monitor)	ED044		8		16		11		11	
106	Video Camera (patient monitor)	ED045		8		16		11		11	
107	Area Radiation Monitor	ER073		36		62		45		42	
108	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011						45			
109	Applicator Base Plate	EQ292		36				45		42	
110	radiation survey meter	ER054		36		62		45		42	
111	electrometer, PC-based, dual channel	ER028								42	
112	Table, brachytherapy treatment	EF021		36		62		45		42	
113	source, 10 Ci Ir 192	ER060		36		62		45		42	
114	HDR Afterloader System, Nucletron	ER003		36		62		45		42	
115	Stirrups for brachytherapy table	ER062						45		42	
116	printer, laser, paper	ED032		1		1		1			
117	radiation therapy dosimetry software (Argus QC)	ER055		14		14		14			
118	computer workstation, brachytherapy treatment planning	ED017		14		14		14			
119	light, exam	EQ168									
120	computer workstation, 3D teletherapy treatment planning	ED015									

	A	B	C	L	M	N	O	P	Q	R	S	T	U
1	**REVISED At Meeting**			**Recommendations**		**CURRENT**	**2014**	**Recommendations**		**CURRENT**	**2014**	**CURRENT**	**2015**
2	**Meeting Date:** January 2015 **Tab:** 16 Surface Radionuclide High Dose Radiation Brachytherapy **Specialty**:Radiation Oncology			**77771**		**77786**		**77772**		**77787**		**77300**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed;* ***2-12 channels***		*Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels*		*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed;* ***over 12 channels***		*Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels*		*Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**162**		**188**		**280**		**339**		**14**	
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**12**		**12**		**12**		**12**		**0**	
8		*L037D*	*RN/LPN/MTA*	*9*		*9*		*9*		*9*		*0*	
9		*L107A*	*MedDos/Physics*	*3*		*3*		*3*		*3*		*0*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**150**		**176**		**268**		**327**		**14**	
11		*L037D*	*RN/LPN/MTA*	*12*		*12*		*12*		*12*		*0*	
12		*L050C*	*RadTher*	*53*		*53*		*91*		*91*		*0*	
13		*L051A*	*RN*	*17*		*17*		*60*		*60*		*0*	
14		*L152A*	*MedPhys*	*54*		*40*		*91*		*73*		*0*	
15		*L107A*	*MedDos/Physics*	*14*		*54*		*14*		*91*		*14*	
16	**TOTAL POST-SERV CLINICAL LABOR TIME**												
17	**PRE-SERVICE**												
18	**Start: Following visit when decision for surgery or procedure made**												
19	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3		3		3		3			
20	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3		3		3		3			
21	Schedule space and equipment in facility												
22	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	3		3		3		3			
23	Follow-up phone calls & prescriptions												
24	*Other Clinical Activity - *specify: prepare afterloader unit for treatment*	L107A	Med Dos/Physics	3		3		3		3			
25	**End: When patient enters office/facility for surgery/procedure**												
26	**SERVICE PERIOD**												
27	**Start: When patient enters office/facility for surgery/procedure:**												
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3			
29	Obtain vital signs	L037D	RN/LPN/MTA	5		5		5		5			
30	Provide pre-service education/obtain consent												
31	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2		2		2			
32	Setup scope (non facility setting only) Remote monitoring and radiation protection equipment	L050C	RadTher			5				5			
33	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2		2		2			
34	Sedate/apply anesthesia												
35	*Other Clinical Activity - specify: **Set Up REMOTE RADIATION MONITORING**	L050C	RadTher	5				5					
36	**Intra-service**												
37	Assist physician in performing procedure												
38	Assist physician/moderate sedation (% of physician time)												
39	*Prepare system for treatment*	*L050C*	RadTher	*10*		10		*17*		17			
40	*(enter treatment plans, source coordinates, etc)*	*L152A*	MedPhys	*17*		17		*24*		24			
41	*Prepare patient for treatment*	*L050C*	RadTher	*4*		4		*8*		8			
42	*(attach cables, additional positioning, verification, etc)*	*L152A*	MedPhys	*7*		7		*15*		15			
43		*L050C*	RadTher	*20*		20		*40*		40			
44	*Treatment*	*L152A*	MedPhys	*20*		20		*40*		40			
45		*L051A*	RN	*5*		5		*40*		40			
46		*L050C*	RadTher	*3*		3		*4*		4			
47	*Detach equipment from patient/implant removal*	*L152A*	MedPhys										
48		*L051A*	RN	*5*		5		*10*		10			
49		L037D	RN/LPN/MTA			5				10			
50	*Patient, unit and room surveys*	*L050C*	RadTher										
51		*L152A*	MedPhys	*6*		6		*6*		6			
52	*Complete treatment documentation*	*L050C*	RadTher	*3*		3		*4*		4			
53		*L152A*	MedPhys	*4*		4		*6*		6			
54	*Dose Calculation*	*L107A*	MedDos/Physics	*14*				*14*					
55	**Post-Service**											14	
56	Monitor pt. following moderate sedation												
57	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN	7		7		10		10			
58	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA			7				10			
59	Clean room/equipment by physician staff	L050C	RadTher	3		3		3		3			
60	Clean Scope - transfer tube(s) & conneciton devices	L050C	RadTher	5		5		10		10			
61	Clean Surgical Instrument Package												

	A	B	C	L	M	N	O	P	Q	R	S	T	U
1	**REVISED At Meeting**			**Recommendations**		**CURRENT**	**2014**	**Recommendations**		**CURRENT**	**2014**	**CURRENT**	**2015**
2	**Meeting Date:** January 2015 **Tab:** 16 Surface Radionuclide High Dose Radiation Brachytherapy **Specialty**:Radiation Oncology			**77771**		**77786**		**77772**		**77787**		**77300**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed;* ***2-12 channels***		*Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels*		*Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed;* ***over 12 channels***		*Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels*		*Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
62	Complete diagnostic forms, lab & X-ray requisitions												
63	Review/read X-ray, lab, and pathology reports												
64	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions												
65	*Other Clinical Activity - *specify:*												
66	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					n/a				**n/a**			
67	Dischrg mgmt (1.0 x 99238) (enter 12 min)					n/a				**n/a**			
68	Dischrg mgmt (1.0 x 99239) (enter 15 min)					n/a				**n/a**			
69	**End: Patient leaves office**												
70	**POST-SERVICE Period**												
71	**Start: Patient leaves office/facility**												
72	Conduct phone calls/call in prescriptions												
80	*Other Clinical Activity - *specify:*												
81	**End: with last office visit before end of global period**												
82	**MEDICAL SUPPLIES****	**CODE**	**UNIT**										
83	pack, minimum multi-specialty visit	SA048	pack										
84	kit, scissors and clamp	SA027	kit	1		1		1		1			
85	tray, catheter insertion (w-o catheter)	SA063	tray	1		1		1		1			
86	gloves, non-sterile	SB022	pair	6		6		6		6			
87	gloves, sterile	SB024	pair	3		3		4		4			
88	gown, patient	SB026	item	1		1		1		1			
89	mask, surgical, with face shield	SB034	item	2		2		2		2			
90	towel, non-sterile	SB042	item	6		6		6		6			
91	underpad 2ft x 3ft (Chux)	SB044	item	1		1		1		1			
92	gauze, sterile 4in x 4in	SG055	item	5		5		6		6			
93	tape, surgical paper 1in (Micropore)	SG077	inch	12		12		12		12			
94	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item	1		1		1		1			
95	swab-pad, alcohol	SJ053	item	5		5		5		5			
96	tincture of benzion, liquid	SJ059	ml	5		5		5		5			
97	paper, laser printing (each sheet)	SK057	item	6		6		8		8			
98	glutaraldehyde 3.4% (Cidex, Maxide, Wavicide)	SM018	oz	13		13		13		13			
99													
100	**EQUIPMENT**	**CODE**											
101	stretcher	EF018		7		7		10		10			
102	brachytherapy treatment vault (NEW)	NEW		86				135					
103	Emergency service container/Safety kit with transport cart (NEW)	NEW		86				135					
104	Computer system, record and verify	ED011		8		8		10		10		0	
105	Video Camera (machine monitor)	ED044		23		23		45		45			
106	Video Camera (patient monitor)	ED045		23		23		45		45			
107	Area Radiation Monitor	ER073		86		86		135		137			
108	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		86		86		135		137			
109	Applicator Base Plate	EQ292				86				137			
110	radiation survey meter	ER054		86		86		135		137			
111	electrometer, PC-based, dual channel	ER028				86				137			
112	Table, brachytherapy treatment	EF021		86		86		135		137			
113	source, 10 Ci Ir 192	ER060		86		86		135		137			
114	HDR Afterloader System, Nucletron	ER003		86		86		135		137			
115	Stirrups for brachytherapy table	ER062						135		137			
116	printer, laser, paper	ED032		1				1				1	
117	radiation therapy dosimetry software (Argus QC)	ER055		14				14				14	
118	computer workstation, brachytherapy treatment planning	ED017		14				14					
119	light, exam	EQ168						135					
120	computer workstation, 3D teletherapy treatment planning	ED015										14	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

CMS/Other Source – Medicare Utilization over 250,000 screen

January 2015

Immunofluorescent Studies

In April 2013, the RUC identified CPT code 88346 through the *CMS/Other source screen* for codes with Medicare utilization over 250,000. The RUC noted that this service was never surveyed but is frequently reported. The specialty society added CPT code 88347 as part of this family. The RUC requested these services be surveyed for work and practice expense review for the September 2014 RUC meeting. In September 2014, the specialty societies indicated, and the RUC agreed, with the need for CPT clarification. CPT codes 88346 and 88347 were referred to the October 2014 CPT Editorial Panel, where the Panel revised CPT code 88346, deleted 88347 and created a new add-on service 88350.

88346 *Immunofluorescence- per specimen; initial single antibody stain procedure*
The RUC reviewed the survey responses from 57 pathologists and determined that the survey 25th percentile work RVU of 0.74 for CPT code 88346, which is lower than the current work RVU of 0.86, appropriately accounts for the work required to perform the initial single antibody stain procedure. The RUC agreed with the survey respondents that 24 minutes of intra-service time is appropriately relative to other similar services. The RUC compared 88346 to key reference code 88342 *Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure* (work RVU = 0.70 and 25 minutes intra-service time) and determined that 88346 requires similar mental effort, technical skill and physical effort relative to 88342 and should therefore be valued similarly. The immunoflourescence tests are slightly more complex than immunohistochemistry tests because the pathologist is reviewing the Hematoxylin and Eosin stained (H&E) stain first for orient the specimen as there is not background on the fluorescent stain for orientation. For further support, the RUC referenced MPC codes 88305 *Level IV - Surgical pathology, gross and microscopic examination* (work RVU = 0.75) and 76830 *Ultrasound, transvaginal* (work RVU = 0.69). The specialty society noted and the RUC agreed that 88346 is also more complex than 88104 *Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation* (work RVU = 0.56) and 88312 *Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)* (work RVU = 0.54) because 88346 is a special technique, based on frozen section tissue which introduces ice artifact which makes interpretation more difficult and there is no counterstain on the immunofluorescent slide for orientation. The immunofluorescence is not performed on the same tissue as the paraffin embedded tissue used for traditional microscopy. Another biopsy must be collected and sent to pathology to be processed in a different way. The tissue is frozen which introduces ice artifact making interpretation more difficult. CPT code 88346 also does not include a counter stain, the pathologist must use a specific microscope that uses fluorescent light and must review the H&E stained slide for orientation. These additional steps account for the difference between immunofluorescent stain procedures and gram stain procedures. **The RUC recommends a work RVU of 0.74 for CPT code 88346.**

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88350 ***Immunofluorescence- per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)***
The RUC reviewed the survey responses from 54 pathologists and determined that the survey 25th percentile work RVU of 0.70 for CPT code 88350 appropriately accounts for the work required to perform this service. This service is the same as the base code, 88346, except the physician is performing a different immunofluorescence specimen stain on a different slide for a different antibody. The result from the first stain has no impact on the result of the second stain. The specialty society noted that comparing 88350 to CPT code 88341 *Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)* (2015 interim work RVU = 0.42 and April 2014 RUC recommended work RVU = 0.65) is misleading because 88341 currently has an interim value and the specialty society is requesting refinement. Add-on code 88341 is also a separate evaluation of a separate antibody and slide. Any comparison to the work of these immunofluorescent studies services to CMS' valuation of other pathology add-on codes cannot be substantiated by this survey. The specialty societies noted that the survey respondents who chose 88341 as the key reference code indicated that 88350 is a more intense and complex service. The specialty noted and the RUC agreed that 88350 is very similar to 88346. CPT code 88346 is slightly longer as the physician must review the Hematoxylin and Eosin stained (H&E) slide to determine where and what to look for on the immunofluorescent slide. In the typical case one base code and three add-on codes would be reported. The pathologist would never be reviewing multiple cases simultaneously. The RUC agreed with the survey respondents that 23 minutes of intra-service time is appropriately relative to other similar services. The RUC noted that 88350 requires only 1 minute less to perform than base code 88346 and the survey respondents have placed these services in the proper rank order. The RUC compared 88350 to key reference code 88342 *Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure* (work RVU = 0.70 and 25 minutes intra-service time) and noted that 88350 requires similar intensity and complexity and should therefore be valued similarly. For further support, the RUC referenced MPC codes 88305 *Level IV - Surgical pathology, gross and microscopic examination* (work RVU = 0.75) and 76830 *Ultrasound, transvaginal* (work RVU = 0.69). **The RUC recommends a work RVU of 0.70 for CPT code 88350.**

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee. Some of the modifications include:

- The clinical staff time for prepare, pack and transport specimens and records for in-house storage and external storage (where applicable) (line 42), clean equipment and work station in histology lab and crytostat (line 44) and recycle xylene from stainer (line 46), is only needed in the base code, CPT code 88346, and not in the add-on code, CPT code 88350.
- For CPT code 88346 the clinical staff time for file worksheets and results (line 48) was removed.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Pathology and Laboratory** **Immunology** *86255* *Fluorescent noninfectious agent antibody; screen, each antibody* *86256* *titer, each antibody* (Fluorescent technique for antigen identification in tissue, use 88346; for indirect fluorescence, ~~use 88347~~ see 88346 ~~or~~ 88350)				
▲88346	Q1	Immunofluorescence~~t study~~, ~~each~~ per specimen; initial single antibody stain procedure~~; direct method~~	XXX	0.74
~~D88347~~		~~indirect method~~ (88347 has been deleted. To report, see 88346 or 88350)	~~XXX~~	N/A
#✚•88350	Q2	each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Report 88350 in conjunction with 88346) (Do not report 88346 and 88350 for fluorescent in situ hybridization studies, see 88364-88369, 88373, 88374, and 88377) (Do not report 88346 and 88350 for multiplex immunofluorescence analysis, use 88399)	ZZZ	0.70

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88346 Tracking Number Q1 Original Specialty Recommended RVU: **0.74**
Presented Recommended RVU: **0.74**
Global Period: XXX RUC Recommended RVU: **0.74**

CPT Descriptor: Immunofluorescence, per specimen; initial single antibody stain procedure

(do not report 88346 and 8835x0 for fluorescent in situ hybridization studies, see 88364-88369, 88373, 88374, and 88377)
(88347 has been deleted. to report, see 88346 or 8835x0)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 65-year-old woman presenting with bullous dermatitis. IgG immunofluorescent antibody stain procedure is performed on the skin biopsy specimen.

Percentage of Survey Respondents who found Vignette to be Typical: 72%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: NA

Description of Intra-Service Work: The pathologist, using a fluorescence microscope, examines positive control tissue known to contain tissue that contains human IgG antibody to verify that the appropriate structures are stained and optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The pathologist then microscopically examines the patient's skin biopsy sample to determine the presence and pattern of IgG fluorescence staining, after reviewing the pre and post H and E stained sections to insure appropriate areas are represented in the fluorescent sections. The pathologist interprets the staining pattern and intensity, and determines its significance in its histologic location. The pathologist composes and dictates the report.

Description of Post-Service Work: NA

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Jonathan Myles, MD, Michael McEachin, MD, Swati Methrota, MD, Michael Idowu, MD				
Specialty(s):	College of American Pathologists, American Society of Cytopathology				
CPT Code:	88346				
Sample Size:	3973	**Resp N:** 57	**Response:** 1.4 %		
Description of Sample:	Random CAP and ASC members, CAP Members with Dermatopathology Certification				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	60.00	**120.00**	350.00	10000.00
Survey RVW:	0.50	0.74	**0.90**	0.95	1.25
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	6.00	15.00	**24.00**	40.00	65.00
Immediate Post Service-Time:	**0.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88346	**Recommended Physician Work RVU: 0.74**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**24.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88342	XXX	0.70	**RUC Time**

CPT Descriptor Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 88344)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88368	XXX	0.88	**RUC Time**

CPT Descriptor Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88305	XXX	0.75	**RUC Time**	16,810,487

CPT Descriptor 1 Level IV - Surgical pathology, gross and microscopic examination …

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**RUC Time**	470,648

CPT Descriptor 2 Ultrasound, transvaginal

Other Reference CPT Code	Global	Work RVU	Time Source
76885	XXX	0.74	**RUC Time**

CPT Descriptor Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 35 **% of respondents:** 61.4 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 15.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 88346	Top Key Reference CPT Code: 88342	2nd Key Reference CPT Code: **88368**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	24.00	25.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**24.00**	**25.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.51	0.44
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.74	1.00
Urgency of medical decision making	0.69	0.44
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.77	0.56
Physical effort required	0.54	0.22
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.29	0.33
Outcome depends on the skill and judgment of physician	0.66	0.78

Estimated risk of malpractice suit with poor outcome	-0.06	0.11

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.66	0.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT code 88346 has never been RUC reviewed. The RUC identified code 88346-*Immunofluorescent study, each antibody; direct method* in April 2013, through the CMS/Other source screen for codes with CY 2012 Medicare utilization of 250,000 or more. CPT code 88347-*Immunofluorescent study, each antibody; indirect method* was added as part of this family. The RUC requested these services be surveyed for physician work and their practice expense reviewed at the September 2014 RUC meeting. CY 2013 Medicare utilization for 88346 was 241,916.

While preparing to survey for the September 2014 RUC meeting, CAP reviewed the vignettes and current data and recognized the need for CPT clarification for accurate physician work and practice expense valuation. CAP requested CPT referral rather than surveying the codes for the September 2014 RUC meeting and the RUC agreed. In October 2014, the AMA CPT Editorial Panel revised CPT code 88346, deleted 88347, and created a new add-on service 8835X0.

The RUC's Research Subcommittee approved a change in the current standard physician work survey for immunofluorescent studies, as we believe there is no pre-service or post-service physician work for these services. Therefore, these questions were not used in the survey process. In addition, immunofluorescent studies services are specialized pathology services that are performed by a limited number of pathologists, typically in large academic medical centers and other specialized laboratories. The RUC's Research Subcommittee also approved the survey population to include a random sample of CAP members with American Board of Pathology certification in dermatopathology as they were more likely to provide these services. For CY 2015, 88346 has a Medicare physician fee schedule work RVU of 0.86. Below are the details of the survey effort.

		88346			8835X0		
		88346	Median		8835X0	Median	
Survey List Used	**Emails**	**Responses**	**Time**	**WRVU**	**Responses**	**Time**	**WRVU**
ASC Member Random Sample	1,148	5	22	1.00	5	25	1.00
CAP Member ABP Dermatopathology	457	41	28	0.90	38	23	0.82
CAP Member Random Sample	2,368	11	20	0.75	6	23	0.75
Total Surveyed/Respondents	**3,973**	**57**	**24**	**0.90**	**54**	**23**	**0.81**

CAP and ASC convened an expert panel composed of their Economic and Regulatory Affairs Committee members to review the survey results, compared the physician work to previously RUC valued services in regard to the physician work RVUs, time, and intensities. The group reviewed the following services:

1) 88312 - Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver) (work RVU = 0.54, intra-service time = 24 minutes, RUC valued Feb 2011)
2) 88342 - Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (work RVU = 0.70, intra-service time = 25 minutes, RUC valued April 2014)
3) 88341 - Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) procedure (RUC valued work RVU = 0.65, intra-service time = 25 minutes, RUC valued April 2014)
4) 88305 - Level IV - Surgical pathology, gross and microscopic examination.. (work RVU = 0.75, intra-service time = 25 minutes, RUC valued April 2010)
5) 88368 - Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure (work RVU = 0.88, intra-service time = 30 minutes, RUC valued September 2014)
6) 93015 - Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

(Work RVU = 0.75, pre = 2 minutes, intra= 20 minutes, post = 4 minutes, IWPUT = 0.0308, reviewed April 2012, XXX global)

7) 95980 - Electronic analysis of implanted neurostimulator pulse generator system .. (work RVU = 0.80, intra-service time = 24 minutes, total time = 32, RUC valued April 2008)
8) 92014 - Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits (work RVU = 1.42, intra-service time = 24 minutes, total time = 37 minutes, RUC valued Feb 2007, MPC code)

The CAP/ASC expert panel agreed that the combined survey data provides the best assistance in the valuation of 88346 and 8835X0. Including all of the survey data from all survey sources allows for a sufficient number of respondents to make a meaningful recommendation. Survey respondents (35 respondents) and the expert panel agree with the similarities of the surveyed codes and the key reference service 88342 with the surveyed code being more physician work, than the key reference service. The intensity and complexity measures indicate this relationship as well, whereas nearly all intensity and complexity measures indicate the surveyed code involves more physician work. The key reference service, 88342, was valued at the April 2014 RUC meeting with a work RVU of 0.70 with 25 minutes of intra-service time.

The survey respondents chose in situ hybridization code 88368 as its secondary reference code. This code had a work RVU of 1.40 for CY 2014 and through requests from CMS, the CPT descriptor was altered and the code was revalued at the September 2014 RUC meeting with a RUC recommended value of 0.88 with 30 minutes of intra-service time. Survey respondents who chose 88368 as the key reference code (9 respondents) indicated 88346 was a more intense service as well. The CAP/ASC expert panel and survey respondents agreed that the complexity of immunfluorescent studies services is somewhat more than 88342 and is slightly less than 88368.

Many of the respondents indicated the intra-service time for this service was in excess of 30 minutes. Immnofluorescent studies are provided typically for dermatological and renal biopsies, however, the CAP/ASC expert panel disagreed that the typical service was in excess of 30 minutes. The expert panel agreed on the median surveyed physician time of 24 minutes for 88346 and for the same reasons agreed on the 25th percentile survey results for the physician work value. The higher intensity measures associated with the surveyed code in relation with the key reference service (88342) support the 25th percentile work RVU of 0.74 for revised CPT code 88346. **We recommend a work RVU of 0.74 with an intra-service and total physician time of 24 minutes for CPT code 88346.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88346

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Laboratory How often? Sometimes

Specialty Pathology How often? Sometimes

Specialty Dermatology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 125468
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims for this service and in 2013 there were approximately 272,756. Medicare claims data indicated in the RUC database. All claims would represent approximately 272756 x 2 = 545,512. Based on 2013 Medicare claims data and the revised CPT coding structure, it is anticipated that 23% of all claims will be billed through the base code 88346 and 77% will be billed through the add-on service CPT code 8835X0. For 88346, it is estimated that total claims will be approximately 545,512 x 23% = 125,468 for CY 2016.

Specialty Clinical Laboratory Frequency 69586 Percentage 62.50 %

Specialty Pathology Frequency 23088 Percentage 20.74 %

Specialty Dermatology Frequency 9206 Percentage 8.26 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
62,734 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. One half of above..

Specialty Clinical Laboratory Frequency 39128 Percentage 62.37 %

Specialty Pathology Frequency 12960 Percentage 20.65 %

Specialty Dermatology Frequency 5181 Percentage 8.25 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 88346

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88350 Tracking Number Q2 Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)

(Do not use 88346 and 8835X0 for fluorescent in situ hybridization studies, see 88364-88369, 88373, 88374, and 88377)
(88347 has been deleted. to report, see 88346 or 8835x0)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 65-year-old female woman presenting with bullous dermatitis. IgA immunofluorescent antibody stain procedure is performed on the skin biopsy specimen.

Percentage of Survey Respondents who found Vignette to be Typical: 74%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: NA

Description of Intra-Service Work: The pathologist, under a fluorescence microscope, examines positive control tissue known to contain tissue that contains human IgA antibody to verify that the appropriate structures are stained and optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The pathologist then microscopically examines the patient’s skin biopsy sample to determine the presence and pattern of IgA fluorescence staining. The pathologist interprets the staining pattern and intensity, and determines its significance in its histologic location. The pathologist incorporates the findings into the surgical pathology report.

Description of Post-Service Work: NA

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Jonathan Myles, MD, Michael McEachin, MD, Swati Methrota, MD, Michael Idowu, MD				
Specialty(s):	College of American Pathologists, American Society of Cytopathology				
CPT Code:	88350				
Sample Size:	3973	**Resp N:** 54	**Response:** 1.3 %		
Description of Sample:	Random CAP and ASC members, CAP Members with Dermatopathology Certification				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	73.00	**265.00**	763.00	4000.00
Survey RVW:	0.42	0.70	**0.85**	0.95	1.25
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	10.00	**23.00**	40.00	65.00
Immediate Post Service-Time:	**0.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88350	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**23.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88342	XXX	0.70	**RUC Time**

CPT Descriptor Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 88344)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88341	XXX	0.42	**RUC Time**

CPT Descriptor Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
(Use 88341 in conjunction with 88342)
(For multiplex antibody stain procedure, use 88344)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88305	XXX	0.75	**RUC Time**	16,810,487

CPT Descriptor 1 Level IV - Surgical pathology, gross and microscopic examination …

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**RUC Time**	470,648

CPT Descriptor 2 Ultrasound, transvaginal

Other Reference CPT Code	Global	Work RVU	Time Source
76885	XXX	0.74	**RUC Time**

CPT Descriptor Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 44.4 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 20.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 88350	Top Key Reference CPT Code: 88342	2nd Key Reference CPT Code: **88341**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	23.00	25.00	25.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**23.00**	**25.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.46	0.27
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.96	0.36
Urgency of medical decision making	0.75	0.36
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.79	0.36
Physical effort required	0.54	0.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.46	0.00
Outcome depends on the skill and judgment of physician	0.71	0.18

Estimated risk of malpractice suit with poor outcome	0.21	-0.45

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.83	0.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT code 88346 has never been RUC reviewed. The RUC identified code 88346-*Immunofluorescent study, each antibody; direct method* in April 2013, through the CMS/Other source screen for codes with CY 2012 Medicare utilization of 250,000 or more. CPT code 88347-*Immunofluorescent study, each antibody; indirect method* was added as part of this family. The RUC requested these services be surveyed for physician work and their practice expense reviewed at the September 2014 RUC meeting. CY 2013 Medicare utilization for 88346 and 88347 was 241,916 and 12,813 respectively.

While preparing to survey for the September 2014 RUC meeting, CAP reviewed the vignettes and current data and recognized the need for CPT clarification for accurate physician work and practice expense valuation. CAP requested CPT referral rather than surveying the codes for the September 2014 RUC meeting and the RUC agreed. In October 2014, the AMA CPT Editorial Panel revised CPT code 88346, deleted 88347, and created a new add-on service 88350.

The RUC's Research Subcommittee approved a change in the current standard physician work survey for immunofluorescent studies, as we believe there is no pre-service or post-service physician work for these services. Therefore, these questions were not used in the survey process. In addition, immunofluorescent studies services are specialized pathology services that are performed by a limited number of pathologists, typically in large academic medical centers and specialized laboratories. The RUC's Research Subcommittee also approved the survey population to include a random sample of CAP members with American Board of Pathology certified in dermatopathology as they were more likely to provide these services. For CY 2015, 88346 has a Medicare physician fee schedule work RVU of 0.86. Below are the details of the survey effort.

		88346			88350		
		88346	Median		88350	Median	
Survey List Used	**Emails**	**Responses**	**Time**	**WRVU**	**Responses**	**Time**	**WRVU**
ASC Member Random Sample	1,148	5	22	1.00	5	25	1.00
CAP Member ABP Dermatopathology	457	41	28	0.90	38	23	0.82
CAP Member Random Sample	2,368	11	20	0.75	6	23	0.75
Total Surveyed/Respondents	**3,973**	**57**	**24**	**0.90**	**54**	**23**	**0.81**

CAP and ASC convened an expert panel composed of their Economic and Regulatory Affairs Committee members to review the survey results, compared the physician work to previously RUC valued services in regards to the physician work RVUs, time, and intensities. The group reviewed the following services:

1) 88312 - Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver) (work RVU = 0.54, intra-service time = 24 minutes, RUC valued Feb 2011)
2) 88342 - Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (work RVU = 0.70, intra-service time = 25 minutes, RUC valued April 2014)
3) 88341 - Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) procedure (RUC valued work RVU = 0.65, intra-service time = 25 minutes, RUC valued April 2014)
4) 88305 - Level IV - Surgical pathology, gross and microscopic examination.. (work RVU = 0.75, intra-service time = 25 minutes, RUC valued April 2010)
5) 88368 - Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure (work RVU = 0.88, intra-service time = 30 minutes, RUC valued September 2014)
6) 93015 - Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

(Work RVU = 0.75, pre = 2 minutes, intra= 20 minutes, post = 4 minutes, IWPUT = 0.0308, reviewed April 2012, XXX global)

7) 95980 - Electronic analysis of implanted neurostimulator pulse generator system .. (work RVU = 0.80, intra-service time = 24 minutes, total time = 32, RUC valued April 2008)
8) 92014 - Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits (work RVU = 1.42, intra-service time = 24 minutes, total time = 37 minutes, RUC valued Feb 2007, MPC code)

The CAP/ASC expert panel agreed that the combined survey data provides the best assistance in the valuation of 88346 and 88350. Including all of the survey data from all survey sources allows for a sufficient number of respondents to make a meaningful recommendation. For 88350, survey respondents (24 respondents) and the expert panel agree with the similarities of the surveyed codes and the key reference service 88342 with the surveyed code being more physician work. The intensity and complexity measures indicate this relationship as well, whereas all intensity and complexity measures indicated the surveyed code involves more physician work. The key reference service, 88342, was valued at the April 2014 RUC meeting with a work RVU of 0.70 with 25 minutes of intra-service time.

Add-on code 88341 is a separate evaluation of a separate antibody and slide. The survey respondents chose immunohistochemistry code 88341 as its secondary reference code. This code is new for CY 2015 and was valued by the RUC to have a work RVU of 0.65 with 25 minutes of intra-service and total time. CMS did not accept the RVU for this add-on service and gave it a work RVU of 0.42 (60% of the base code value of 0.70). A percentage estimate of work based on the RVU of the base code is not valid. Any comparison to the work of these immunofluorescent studies services to CMS valuation of other pathology add-on codes cannot be substantiated by this survey, and CAP and ASC disagree with CMS' valuation of 88341 in the 2015 final rule and support the previous RUC recommendations for the valuation of 88341. Survey respondents who chose 88341 as the key reference code (11 respondents) indicated 88350 was a more intense and complex service.

Many of the respondents indicated the intra-service time for this service was in excess of 30 minutes. Immnofluorescent studies are provided typically for dermatological and renal biopsies, however, the CAP/ASC expert panel disagreed that the typical service was in excess of 30 minutes. The expert panel agreed on the median surveyed physician time of 23 minutes for 88350 and for the same reasons agreed on the 25th percentile survey results for the physician work value. The higher intensity measures associated with the surveyed code in relation with the key reference service (88342) support the 25th percentile work RVU of 0.70 for new CPT code 88350. **We recommend a work RVU of 0.70 with an intra-service and total physician time of 23 minutes for CPT code 88350.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88346

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Laboratory How often? Sometimes

Specialty Pathology How often? Sometimes

Specialty Dermatology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 420044
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims for this service and in 2013 there were approximately 272,756 Medicare claims data indicated in the RUC database. All claims would represent approximately 272,756 x 2 = 545,512. Based on 2013 Medicare claims data and the revised CPT coding structure, it is anticipated that 23% of all claims will be billed through the base code 88346 and 77% will be billed through the add-on service CPT code 8835X0. For 8835X0, it is estimated that total claims will be approximately 545,512 x 77% = 420,044 for CY 2016.

Specialty Clinical Laboratory Frequency 263283 Percentage 62.67 %

Specialty Pathology Frequency 87075 Percentage 20.72 %

Specialty Dermatology Frequency 34737 Percentage 8.26 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 210,022 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. One half of above.

Specialty Clinical Laboratory Frequency 131263 Percentage 62.49 %

Specialty Pathology Frequency 43558 Percentage 20.73 %

Specialty Dermatology Frequency 18271 Percentage 8.69 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 88346

17__
Tab Number

Immunofluorescent Studes

88346-8835X0

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

_____
Signature

____Jonathan Myles, MD_____
Printed Signature

_College of American Pathologists
Specialty Society

_1/5/2015
Date

AMA/Specialty Society RVS Update Committee (RUC)
Financial Disclosure Statement For
Specialty Society Presenters

I certify that my personal or my family members'* direct financial interest in, and my personal or my family members' affiliation with or involvement in any organization or entity with a direct financial interest in the development of relative value recommendations in which I am participating are noted below. Otherwise, my signature indicates I have no such direct financial interest or affiliation with an organization with a direct financial interest, other than providing these services in the course of patient care.

For purposes of this disclosure "direct financial interest" means:

- A financial ownership interest in an organization** of 5% or more; or
- A financial ownership interest in an organization** which contributes materially*** to your income; or
- Ownership of stock options in an organization**; or
- A position as proprietor, director, managing partner, or key employee in an organization**; or
- Serve as a consultant, researcher, expert witness (excluding professional liability testimony), speaker or writer for an organization**, where payment contributes materially*** to your income.

**Family member means spouse, domestic partner, parent, child, brother or sister. Disclosure of family member's interest applies to the extent known by the representative or presenter..*

*** Organization means any entity that makes or distributes the product that is utilized in performing the service, and not the physician group or facility in which you work or perform the service.*

****Materially means $10,000 or more in income (excluding any reimbursement for expenses) for the past twenty-four months.*

Include only interests that relate to the specific issue that you are presenting at this RUC meeting.

Specific Disclosure (i.e., list organization)	**Explain relationship between the service(s) that you are presenting and your disclosure**	**Identify interest for the past 24 months (circle one)**	**Identify cumulative lifetime interest (circle one)**	**If disclosure relates to stock, please list number of shares owned, options or warrants**
None		N/A < $10,000 ≥ $10,000	< $10,000 ≥ $10,000	
		N/A < $10,000 ≥ $10,000	< $10,000 ≥ $10,000	
		N/A < $10,000 ≥ $10,000	< $10,000 ≥ $10,000	

__TAB 17 Immunofluorescent Studies_____
Agenda Tab/Issue

Swati Mehrotra
_____ ____01/05/15_____
Signature Date

___Swati Mehrotra_____ American Society of Cytopathology (ASC)___
Print Name Specialty Society

Revised: April 2010

TAB 17_____
Tab Number

_Immunofluorescent Studies____
Issue

88346-8835X0_____
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Swati Mehrotra
Signature

SWATI MEHROTRA, M.D.
Printed Signature

___American Society of Cytopathology (ASC)

1/5/15
Date

SS Rec Summary

ISSUE: Immunofluorescent Studies

TAB: 17

Source	CPT	Long Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF #1	88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 88344)		0.028			0.70			25						25			
REF #2	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure		0.029			0.88			30						30			
CURRENT	88346	Immunofluorescent study, each antibody; direct method		0.032			0.86			27						27			
SVY	88346	Immunofluorescence, per specimen; initial single antibody stain procedure (do not report 88346 and 39402 for fluorescent in situ hybridization studies, see 88364-88369, 88373, 88374, and 88377) (88347 has been deleted. to report, see 88346 or 39402)	57	0.038	0.50	0.74	0.90	0.95	1.25	24				6	15	24	40	65	
REC	88346	Immunofluorescence, per specimen; initial single antibody stain procedure (do not report 88346 and 39402 for fluorescent in situ hybridization studies, see 88364-88369, 88373, 88374, and 88377) (88347 has been deleted. to report, see 88346 or 39402)	57	0.031			0.74			24						24			

\

Source	CPT	Long Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF #1	88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 88344)		0.028			0.70			25						25			
REF #2[1]	88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 88341 in conjunction with 88342) (For multiplex antibody stain procedure, use 88344)		0.017			0.42			25						25			
CURRENT	88346	Immunofluorescent study, each antibody; direct method		0.032			0.86			27						27			
SVY	39402	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Do not use 88346 and 39402 for fluorescent in situ hybridization studies, see 88364-88369, 88373, 88374, and 88377) (88347 has been deleted. to report, see 88346 or 39402)	54	0.035	0.42	0.70	0.81	0.95	1.25	23				5	11	23	40	65	
REC	39402	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Do not use 88346 and 39402 for fluorescent in situ hybridization studies, see 88364-88369, 88373, 88374, and 88377) (88347 has been deleted. to report, see 88346 or 39402)	54	0.030			0.70			23						23			

1. At the April 2014 RUC meeting, the RUC and the specialty recommended a work RVU of 0.65 with 25 minutes of intra-service time for CPT code 88341

CPT Code:_88346, 88350
Specialty Society(‘s)_CAP & ASC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

- 88346 - Immunofluorescence, per specimen; initial single antibody stain procedure
- 88350 - Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)

Global Period:_XXX Meeting Date: _January 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: CAP and ASC convened an expert panel composed of their Economic and Regulatory Affairs Committee members to review the existing PE inputs to the recently changed CPT coding structure and modern practice patterns.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
Current direct inputs for codes 88346 and 88347are used as references. In addition, portions from reference codes 88331 (frozen section), 88302 and 88305 (routine histologic exam), 88342 (immunohistochemistry controls) practice expense are used as reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: The specialty is not recommending more time than the PE Subcommittee standards

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: The specialties are not recommending an increase over current inputs.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Accession specimen, verify order, prepare for examination

Wash specimen, received in Zeus transport media, with 20 ml of Zeus washing solution for 30 minutes with gentle agitation. Including preparation of magnetic stirrer, beaker for washing

Assist pathologist with gross examination

Freeze specimen, section block, label slides, perform H&E slide staining, cover slipping, quality control functions, maintaining specimen tracking logs and labeling.

Intra-Service Clinical Labor Activities:

Remove frozen block from cyostat, place in freezer at -70, Record place and location in freezer in logbook. (patient tissue block/sample)

Confirm control
Prepare positive control block to include the following: Prepare positive control block by freezing control tissue on frozen block and store at -70C.
Cut positive control tissue and place on slide
Cut negative control tissue and place on slide
Mix reagent solutions for dilution of antibodies and check pH, prepare and dispense PBS buffer

Immediately prior to staining, slides are fixed in acetone for 10 minutes. Allow slides to dry for 5 minutes. Draw a circle around each section with a PAP Pen to keep the antibodies on the tissue. Allow the PAP Pen to dry for 5 minutes before continuing. Place the slides in a jar of PBS Buffer (pH 7.2) for 5 minutes to rehydrate. Drain off excess PBS without allowing the slides to dry.
Place the slides in the plastic slide folder on a level counter so the antibody will stay on the tissue when applied. Pipette each antibody onto the appropriate section of the slides including the controls. Be sure each tissue is covered with antibody. Note: Fluorescent antibodies can bleach out with exposure to fluorescent light. Minimize the time that antibodies are exposed to this type of light by covering workstation and shielding from light.

Allow the tissues to incubate for 30 minutes at room temperature. Remove the slides from the folder, allow the excess antibody to run off onto a paper towel and tap the long edge of the slide to remove remaining droplets. Do not allow the solutions to mix. Place slides in 2 changes of PBS Buffer for a total of 5 minutes. Drain excess PBS. Coverslip slides.

Assemble and deliver paperwork and H&E and fluorescent stained slides with paperwork to pathologist

<u>Post-Service</u> Clinical Labor Activities:

Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)
Clean equipment and work station in histology lab and crytostat.
Hazardous waste disposal
Recycle xylene from stainer
File worksheets and results

CPT Code:_88346, 88350
Specialty Society(‘s)_CAP & ASC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

- 88346 - Immunofluorescence, per specimen; initial single antibody stain procedure
- 88350 - Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)

Global Period:_XXX Meeting Date:_ January 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: CAP and ASC convened an expert panel composed of their Economic and Regulatory Affairs Committee members to review the existing PE inputs to the recently changed CPT coding structure and modern practice patterns.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Not applicable in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Not applicable in the facility setting.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: Not applicable in the facility setting.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

No recommended direct practice expense inputs in the facility setting

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODES				RECOMMENDATIONS			
2				88346		88347		88346		88350	
3	**Meeting Date: Jan/Feb 2015 Tab: 17 - Immunofluorescent studies Specialty: Pathology**	**CMS Code**	**Staff Type**	**Immunofluorescent study, each antibody; direct method**		**Immunofluorescent study, each antibody; indirect method**		**Immunofluorescence, per specimen; initial single antibody stain procedure (Do not use 88346 and 39402 for fluorescent in situ hybridization studies, see 88364-88369, 88373, 88374,**		**Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Do not use 88346 and 39402**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**57.0**	**0.0**	**62.0**	**0.0**	**54.2**	**0.0**	**26.2**	**0.0**
7	**TOTAL Histotechnologist Time**			**42.0**	**0.0**	**47.0**	**0.0**	**46.2**	**0.0**	**25.2**	**0.0**
8	**TOTAL Laboratory Tech Time**			**5.0**	**0.0**	**5.0**	**0.0**	**7.0**	**0.0**	**1.0**	**0.0**
9	**TOTAL PRE-SERV Histotechnologist Time**			**0.0**	**0.0**	**0.0**	**0.0**	**18.0**	**0.0**	**1.0**	**0.0**
10	**TOTAL PRE-SERV Laboratory Technologist Time**			**5.0**	**0.0**	**5.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL SERVICE PERIOD Histotechnologist Time**			**42.0**	**0.0**	**47.0**	**0.0**	**28.2**	**0.0**	**24.2**	**0.0**
12	**TOTAL POST-SERV Histotechnologist**			**10.0**	**0.0**	**10.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
13	**TOTAL POST-SERV Laboratory Technologist Time**			**0.0**	**0.0**	**0.0**	**0.0**	**6.0**	**0.0**	**1.0**	**0.0**
14	**PRE-SERVICE**										
15	**Start: When containers/requisitions prepared for physician**										
17	Accession specimen verify order, prepare for examination	L033A	Lab Tech					**1**			
18	Accession specimen/prepare for examination	L033A	Lab Tech	**5**		**5**					
19	Wash specimen, received in Zeus transport media, with 20 ml of Zeus washing solution for 30 minutes with gentle agitation. Includes preparation of magnetic stirrer, beaker for washing.	L037B	Histotech					**5**			
20	Assist pathologist with gross specimen examination	L037B	Histotech					**1**			
21	Freeze specimen, section block, label slides, perform H&E slide staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling.	L037B	Histotech					**12**		**1**	
22	Perform screening function (where applicable)										
23	Other Clinical Activity (please specify)										
24	**End:When specimen is ready for examination by pathologist**										
25	**SERVICE PERIOD**										
26	**Start: When specimen is ready for examination by pathologist**										
27	Remove frozen block from cyostat, place in freezer at -70, Record place location in freezer in log book. (patient tissue block/sample)	L037B	Histotech					**1**			
28	Prepare positive control block by freezing control tissue on frozen tissue block and store at -70C.	L037B	Histotech					**0.15**		**0.15**	
29	Cut positive control tissue and place on slide	L037B	Histotech					**1**		**1**	
30	Cut negative control tissue and place on slide	L037B	Histotech					**1**			
31	Mix reagent solutions for dilution of antibodies and check pH, prepare and dispense PBS buffer	L037B	Histotech					**1**		**1**	
32	Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling.	L037B	Histotech	**22**		**27**					
33	Immediately prior to staining, slides are fixed in acetone for 10 minutes. Allow slides to dry for 5 minutes. Draw a circle around each section with a PAP Pen to keep the antibodies on the tissue. Allow the PAP Pen to dry for 5 minutes before continuing. Place the slides in a jar of PBS Buffer (pH 7.2) for 5 minutes to rehydrate. Drain off excess PBS without allowing the slides to dry.	L037B	Histotech					**10**		**10**	
34	Place the slides in the plastic slide folder on a level counter so the antibody will stay on the tissue when applied. Pipette each antibody onto the appropriate section of the slides including the controls. Be sure each tissue is covered with antibody. Note: Fluorescent antibodies can bleach out with exposure to fluorescent light. Minimize the time that antibodies are exposed to this type of light by covering workstation and shielding from light.	L037B	Histotech					**6**		**6**	
35	Allow the tissues to incubate for 30 minutes at room temperature. Remove the slides from the folder, allow the excess antibody to run off onto a paper towel and tap the long edge of the slide to remove remaining droplets. Do not allow the solutions to mix. Place slides in 2 changes of PBS Buffer for a total of 5 minutes. Drain excess PBS. Coverslip slides.	L037B	Histotech					**6**		**6**	
36	Assemble and deliver paperwork and H&E and fluourescent stained slides with paperwork to pathologist	L037B	Histotech	**2**		**2**		**2**		**0**	
37	Review slides under fluorescent microscope to ensure appropriate staining intensity	L037B	Histotech	**8**		**8**		**0**		**0**	
38	Other Activity (please specify)										
39	**End: When specimen examination by pathologist is complete**										

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODES				RECOMMENDATIONS			
2				88346		88347		88346		88350	
3	**Meeting Date: Jan/Feb 2015** **Tab: 17 - Immunofluorescent studies** **Specialty: Pathology**	**CMS Code**	**Staff Type**	**Immunofluorescent study, each antibody; direct method**		**Immunofluorescent study, each antibody; indirect method**		**Immunofluorescence, per specimen; initial single antibody stain procedure (Do not use 88346 and 39402 for fluorescent in situ hybridization studies, see 88364-88369, 88373, 88374,**		**Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Do not use 88346 and 39402**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
40	**Post-Service**										
41	**Start: When specimen examination by pathologist is complete**										
42	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	L037B	Histotech	**4**		**4**		**1**		**0**	
43	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	L037B	Histotech	**3**		**3**					
44	Clean equipment and work station in histology lab and crytostat.	L033A	Lab Tech					**4**		**0**	
45	Hazardous waste disposal	L033A	Lab Tech					**1**		**1**	
46	Recycle xylene from stainer	L033A	Lab Tech					**1**		**0**	
47	Review results with pathologist.	L037B	Histotech	**2**		**2**					
48	File worksheets and results	L037B	Histotech	**1**		**1**		**0**			
49	**End: When specimen, chemical waste and record handling is complete**										

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODES				RECOMMENDATIONS			
2				88346		88347		88346		88350	
3	**Meeting Date: Jan/Feb 2015** **Tab: 17 - Immunofluorescent studies** **Specialty: Pathology**	**CMS Code**	**Staff Type**	**Immunofluorescent study, each antibody; direct method**		**Immunofluorescent study, each antibody; indirect method**		**Immunofluorescence, per specimen; initial single antibody stain procedure (Do not use 88346 and 39402 for fluorescent in situ hybridization studies, see 88364-88369, 88373, 88374,**		**Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Do not use 88346 and 39402**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
50	**POST-SERVICE Period**										
51	**Start: Patient leaves office/facility**										
52	Conduct phone calls/call in prescriptions										
53	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
54	gloves, disp, nitrile or chemo chemical	SB023	pair	**3**		**4**		**4**			
55	Medium (Michel's)	SL069	ml	**25**							
56	label for microscope slides	SL085	item	**3**		**3**		**4.5**		**1.5**	
57	blade, microtome	SF004	item	**1**		**1**		**1**			
58	histology freezing spray (Freeze-It)	SL078	oz	**0.33**				**0.1**		**0.1**	
59	embedding medium (OCT)	SL097	ml	**1**				**2**			
60	slide, microscope	SL122	item	**3**		**3**		**4.5**		**1.5**	
61	rapid stain (H & E)	SL134	slide	**1**							
62	acetone(for fixation)	SL001	ml	**10**				**13**		**13**	
63	phosphate buffered saline packet (Zeus)	SL106	item	**1**							
64	protein blocking agent	SL117	ml	**1**		**1**					
65	antibody IgG FITC (Recent Invoice provided, #1)	SL013	ml	**1**		**2**		**0.04**			
66	antibody IgM FITC	SL015	ml	**1**							
67	antibody IgA FITC (Recent invoice provided, #2)	SL012	ml	**1**						**0.50**	
68	antibody C3	SL009	ml	**1**							
69	antibody IgG1 FITC anti-human (each test)	SL014	item			**1**					
70	mounting media (Histomount)	SL095	ml	**1**		**1**		**0.4**			
71	Immunofluorescent mounting media	Invoice #3	ml					**0.6**		**0.4**	
72	cover slip, glass	SL030	item	**3**		**3**		**4.5**		**1.5**	
73	negative control (anti-albumin)	SL096	ml	**0.1**		**0.1**					
74	lab coat, staff	SB030	item	**1**		**1**					
75	eye shield, non-fog	SG049	item	**1**		**1**		**1**			
76	Zeus medium	Invoice	ml					**10**		**10**	
77	kit, stain, H&E	SL231	kit					**0.1**			
78	gown, staff, impervious	SB027	item					**1**			
79	Slide, charged	SL473	item					**4.5**		**1.5**	
80	Bleach	SL020	ml					**50**			
81	phosphate buffered saline solution	SL107	ml					**50**		**50**	
82	Hydrophobic PAP Pen	Invoice	item					**0.01**		**0.01**	
83	pipette tip (blue-yellow)	SL110	item					**1**		**1**	
84											
85	**EQUIPMENT**	**CODE**									
86	cryostat	EQ092		**8**		**8**		**8**		**1**	
87	fluorescence microscope	EP027		**10**		**10**		**20**		**17**	
88	compound microscope	EP024		**4**		**4**		**1**			
89	Grossing station w-heavy duty disposal	EP015						**2**		**2**	
90	hood, fume	EP017						**4**		**4**	
91	pH meter, nonglass, solid-state 620 220v (Orion pHuture)	EP070						**1**		**0**	
92	camera, digital system, 12 megapixel (medical grade)	ED005						**2**		**2**	
93	computer, desktop, w-monitor	ED021						**2**		**2**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS-Other - Utilization over 250,000 Screen

January 2015

Vestibular Caloric Irrigation

In October 2013 the RUC identified CPT code 92543 through the CMS-Other Source – Utilization over 250,000 screen and referred this issue to the CPT Editorial Panel to revise the parentheticals prior to surveying the family (CPT codes 92541-92545). In February 2014, the CPT Editorial Panel added and revised the parenthetical notes for CPT code 92270 *Electro-oculography with interpretation and report* and vestibular function tests to ensure appropriate reporting of these services. The RUC agreed that the vestibular function tests (92541-92545) be reviewed following the CPT modification to the parenthetical notes.

In April 2014, after reviewing the survey results, the RUC agreed with the specialty societies that the code descriptor was unclear. The RUC recommended referring CPT code 92543 to the CPT Editorial Panel to better define this service, (See April 2014 RUC Recommendations attached). In October 2014, the CPT Editorial Panel deleted CPT code 92543 and created two new CPT codes to report caloric vestibular testing for monothermal and bithermal testing procedures.

Prior to reviewing these services, the RUC discussed compelling evidence that the current RVU may be misvalued. First, the specialties explained that the current work value for 92543 is derived from a Harvard-valued code based on a different specialty than the current typical provider, audiologists. Furthermore, incorrect assumptions and a flawed methodology have been made with the current value. In 2009, vestibular codes 92541, 92542, 92544 and 92545 were bundled and valued through the RUC process, resulting in CPT 92540 (Basic vestibular evaluation). However, during that process, the audiology clinical staff time was removed, not only from the new bundled code, but also from each of the individual component codes without having gone through the RUC process. The RUC accepted compelling evidence that the current work RVUs may be misvalued.

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92537 ***Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)***

The RUC reviewed the survey results for 133 audiologists, neurologists and otolaryngologists and agreed with the following physician time components: pre-service time of 5 minutes, intra-service time of 30 minutes and post-service time of 5 minutes. The specialties noted that the pre and post service times, which are 5 minutes respectively, represent the time it takes to prepare the irrigation test equipment, calibrate the patient with the testing equipment and place the patient in the correct position. Also since many patients are hearing impaired and cannot wear their hearing aids during the procedures, time is needed in both the pre and post periods for instruction and explanation of results. The specialty also explained, and the RUC agreed, that the recommended pre and post-service times for 92537 represent specific equipment preparation, calibration and positioning needed to prepare for the caloric vestibular testing, and are separate and distinct from the pre and post-service times of other vestibular codes. In response to a question by the RUC the specialty explained that interpretation and report, which is typically associated with imaging codes, is different than "documentation" and that diagnostic interpretation and report is appropriately located in intra-service work. Finally, the RUC noted that the procedure used to be reported once per irrigation but is now reported once per session. They also noted that the typical patient has four irrigations per session. The specialty also explained that CPT 92540, which describes basic vestibular evaluation, is often reported in conjunction with this procedure. Based on these explanations, the RUC agreed that the 25th percentile work value of 0.80 accurately represents the typical physician work of this procedure.

To further justify a work RVU of 0.80 for 92537, the RUC reviewed CPT code 99366 *Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional* (work RVU= 0.82, intra-service time of 30 minutes), and agreed that with identical time and similar work they should be valued similarly. The RUC also compared the surveyed code to CPT code 95938 *Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs* (work RVU= 0.86), and agreed that the service has more total time and is slightly more intense to perform, which accounts for the slightly higher work value. **The RUC recommends a work RVU of 0.80 for CPT code 92537.**

92538 ***Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)***

The RUC reviewed the survey results for 103 audiologists, neurologists and otolaryngologists and agreed with the following physician time components: pre-service time of 5 minutes, intra-service time of 15 minutes and post-service time of 5 minutes. The specialties noted that the pre and post service times, which are 5 minutes respectively, represent the time it takes to prepare the irrigation test equipment, calibrate the patient with the testing equipment and place the patient in the correct position. Also since many patients are hearing impaired and cannot wear their

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hearing aids during the procedures, time is needed in both the pre and post periods for instruction and explanation of results. The specialty also explained, and the RUC agreed, that the recommended pre and post-service times for 92538 represent specific equipment preparation, calibration and positioning needed to prepare for the caloric vestibular testing, and are separate and distinct from the pre and post-service times of other vestibular codes. In response to a question by the RUC the specialty explained that interpretation and report, which is typically associated with imaging codes, is different than "documentation" and that diagnostic interpretation and report is appropriately located in intra-service work. Finally, the RUC noted that the procedure used to be reported once per irrigation but it now reported once per session. They also noted that the typical patient for 92538 has two irrigations per session. In contrast to the patient that receives four irrigations, the typical patient for 92538 is often more acutely ill and has additional co-morbidities that increase the intensity/complexity of the testing process. The specialty also explained that CPT 92540, which describes basic vestibular evaluation, is often reported in conjunction with this procedure. Based on these explanations, the RUC agreed that the 25th percentile work value of 0.55 accurately represents the typical physician work of this procedure.

To further justify a work RVU of 0.55 for 92538, the RUC reviewed CPT code 92570 *Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing* (work RVU=0.55, intra-service time of 15 minutes) , as well as CPT code 96119 *Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face* (work RVU=0.55, intra-service time of 15 minutes) , and agreed that with identical work and intra-service time the surveyed code should be valued identically. **The RUC recommends a work RVU of 0.55 for CPT code 92538.**

Practice Expense

The RUC reviewed and approved the direct practice expense inputs with no modifications as submitted by the specialty society and approved by the Practice Expense Subcommittee. The RUC notes the following:

- There has been a change in technology and clinical practice for these services. The ENG equipment previously used for these services has been replaced with VNG equipment.
- CPT codes 92537 and 92538 were surveyed for work based on infrared goggles (VideoOG or VNG), which have replaced surface electrodes (ENG) as the clinical standard for vestibular testing. Therefore, adjustments have been made to account for VNG technology, including addition of new VNG equipment to replace ENG equipment. The same adjustments were made to other vestibular testing codes (92541-42, 92544-45) at the April 2014 meeting.
- Over the last 10 years, technology has evolved and clinical practice has changed such that infrared video goggles (VideoOG or VNG) have replaced surface electrodes (ENG), which was the previous clinical standard. According to a leading manufacturer of vestibular testing

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equipment, in 1985 when the vestibular function codes were valued as part of the Harvard study, ENG (electrode based) equipment made nearly 100% of sales. VNG recording was introduced in 1997. As of 2012, 61% of equipment sold is solely video based, and 39% has ENG as an optional add on. No new electrode-only systems have been sold since 2009.

- Current CPT code 92543 *Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording* is valued for a single irrigation whereas new codes 92537 and 92538 are valued based on four (4) and (2) irrigations, respectively. As such, the minutes of equipment usage will be increased for the new codes and are submitted in line with the work median intra-time for each code.

CPT Code (●New)	**Tracking Number**	**CPT Descriptor**	**Global Period**	**Work RVU Recommendation**
~~*92543*~~	~~*Caloric Vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording*~~ (92543 has been deleted. To report caloric vestibular testing, see 92537 or 92538) ~~Do note report 92543 with 92270~~			
●92537	R1	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations) (For three irrigations, use modifier 52) (For monothermal caloric vestibular testing, use 92538) (Do not report 92537 in conjunction with 92270, 92538)	XXX	0.80
●92538	R2	monothermal (ie, one irrigation in each ear for a total of two irrigations) (For one irrigation, use modifier 52) (For bilateral, bithermal caloric vestibular testing, use 92537) (Do not report 92538 in conjunction with 92270, 92537)	XXX	0.55

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92537 Tracking Number R1 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: XXX RUC Recommended RVU: **0.80**

CPT Descriptor: Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations

(For three irrigations, use modifier 52)

(For monothermal caloric vestibular testing, use 92538)

(Do not report 92537 in conjunction with 92270, 92538)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents with recurrent spontaneous episodes of dizziness of unclear etiology. Caloric vestibular testing is requested.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 1%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 5%

Description of Pre-Service Work: The pre-service work includes a chart review for evidence of previous testing, relevant ancillary diagnoses , and medical history. The patient is questioned to affirm or update the current status of the the medications actively taken.

Description of Intra-Service Work: The goggles are placed over the patient's eyes and adjusted firmly on the face. The video cameras are positioned so that the pupils are in field of the camera, and the contrast and sensitivity are adjusted so that the pupil can be differentiated and tracked during testing. Calibration of the equipment is performed by measuring the eye movements while tracking a light stimulus that moves across a predetermined arc to constitute a specified number of degrees in each direction. The health care professional performs an otoscopic examination of the ear canal and tympanic membrane. The caloric vestibular test is performed by irrigating the ear canal with either water or air for a period of 30 to 60 seconds and recording the eye movement response (nystagmus) for approximately two minutes following the irrigation. The patient is then given sufficient time, typically five minutes, before the opposite ear can be irrigated. In order for the test to provide accurate information, several minimum standards must be met.

1. The temperature of the air or water stimulus is set at ~7 degrees Celsius over or under body temperature.

2. Eye movement recording obtained through infra-red cameras that track the pupil of the eye as it moves. The test must be performed in darkness with eyes open; any visual target will suppress the labyrinthine response and render the test inaccurate.
3. During the irrigation, the qualified practitioner maintains a steady consistent irrigation over the time period, assuring the patient does not move or tilt his/her head.
4. Once the irrigation is completed, the practitioner engages the patient in mental alerting tasks to ensure the nystagmus is not suppressed and that the patient's eyes remain open during recording.
5. After the nystagmus peaks (60 – 90 seconds after the irrigation), the practitioner introduces a visual fixation target to determine if the patient can visually suppress the nystagmus.
6. Once the recording and analysis are complete, the patient is given sufficient time, typically five minutes, before the opposite ear can be irrigated so that there is no significant chance of residual thermal effect from the previous irrigation
7. The head is repositioned to allow access to the opposite ear, the recording video goggles are recalibrated, and the second ear is irrigated using the same temperature stimulus as was used for the first ear.

Following the second irrigation, the patient is allowed to "rest" in order for the thermal stimulation effects to subside, and the process is repeated with the opposite temperature of air or water for each ear.

Recording quality is assessed. The qualified health care professional must identify sections of the eye movement recording that have artifacts (e.g., blinks or other extraneous eye movements) and then calculate the velocity of the eye movement (nystagmus) during the peak of the response. The resultant values from each irrigation are analyzed to determine the clinical significance of any directional preponderance or relative vestibular reduction. The eye movement recordings are printed and/or electronically stored for archival documentation, and a report of the diagnostic results, interpretation, and recommendations is prepared.

Description of Post-Service Work: Post-service work includes describing the results to the patient (and often one or more family members or caregivers) and notifying the referring physician of the test outcomes and recommendations.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Paul Pessis, AuD; Leisha Eiten, AuD, CCC-A; Alan Desmond, AuD; John Lanza, MD; Kevin Kerber, MD		
Specialty(s):	American Academy of Audiology, American Speech-Language-Hearing Association, American Academy of Neurology, American Academy of Otolaryngology-Head and Neck Surgery		
CPT Code:	92537		
Sample Size:	1526	**Resp N:** 133	**Response:** 8.7 %
Description of Sample:	Random sample of audiologists, otolaryngologists, and neurologists		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	25.00	**60.00**	150.00	1600.00
Survey RVW:	0.20	0.80	**1.50**	1.60	40.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	23.50	**30.00**	40.00	180.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92537	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92540	XXX	1.50	**RUC Time**

CPT Descriptor Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92542	XXX	0.42	**RUC Time**

CPT Descriptor Positional nystagmus test, minimum of 4 positions, with recording

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	1,230,281

CPT Descriptor 1 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92012	XXX	0.92	**RUC Time**	6,792,544

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

Other Reference CPT Code	Global	Work RVU	Time Source
95938	XXX	0.86	**RUC Time**

CPT Descriptor Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 74 **% of respondents:** 56.0 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 12.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 92537	Top Key Reference CPT Code: 92540	2nd Key Reference CPT Code: **92542**
Median Pre-Service Time	5.00	7.00	3.00
Median Intra-Service Time	30.00	60.00	10.00
Median Immediate Post-service Time	5.00	10.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**40.00**	**77.00**	**16.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.31	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.41	0.38
Urgency of medical decision making	0.38	0.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.85	0.94
Physical effort required	0.94	0.69
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.59	0.63
Outcome depends on the skill and judgment of physician	0.82	0.81

Estimated risk of malpractice suit with poor outcome	0.69	0.75

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.80	0.94

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Reason for Survey:
At the RUC meeting in April 2013, CPT code 92543 *Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording* was identified by the Relativity Assessment Workgroup (RAW) for high utilization, after the RUC lowered the threshold to codes with Medicare utilization of 250,000 claims or more (from 500,000). CPT code 92543, and the rest of the vestibular testing family (92541-92545) were recommended for survey. At the April 2014 RUC meeting, the RUC reviewed and approved an interim value of 0.35 RVW for 92543, but recommended referral to CPT to better define the service. As a result, two new codes (92537 and 92538) were developed to replace 92543. 92543 represents a single caloric irrigation, while 92537 represents the typical battery, which consists of four irrigations.

Survey Sample:
The survey data and recommendations are based upon a random sample of the audiology, otolaryngology, and neurology memberships. The total sample size was 1526 with 133 responses. Of those responses, 90 were provided by audiologists, 36 by otolaryngologists, and 7 by neurologists.

Physician Time:
The expert panel recommends a **pre-service time of 5 minutes, an intra-service time of 30 minutes, and a post-service time of 5 minutes for a total of 40 minutes**.

Pre-Service Time
The expert panel reviewed the pre-service times and concluded that the survey median time of 10 minutes should be decreased, given that this code is often billed with another vestibular testing code. Therefore **the expert panel recommends a reduced pre-service time of 5 minutes**.

Intra-Service Time
The expert panel agreed with the survey respondents regarding the median intra-service time and therefore **recommends an intra-service time of 30 minutes**.

Post-Service Time
The expert panel concluded that the median post-service time of 10 minutes should also be reduced for the same reason as pre-service. The expert panel **recommends a post-service time of 5 minutes.**

RVW
Upon review of the survey results, the expert panel **recommends the 25th percentile RVW of 0.80**.

Compelling Evidence
92537 is one of two codes replacing CPT code 92543. The expert panel believes that there is compelling evidence for an RVW of 0.80 because the current work value of 0.10 for CPT code 92543 is incorrect for the following reasons:

- a previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data. **(Harvard-valued code based on physician work, audiologists now a primary biller)**

- a flawed mechanism or methodology used in the previous valuation **(Audiology clinical staff time removed without RUC survey)**

In 2009, vestibular codes 92541, 92542, 92544 and 92545 were bundled and valued through the RUC process, resulting in CPT 92540 (Basic vestibular evaluation). At that time, the RUC agreed there was compelling evidence to value 92540 based on the median of audiology surveys. However, during that process, the audiology clinical staff time was removed, not only from the new bundled code, but also from each of the individual component codes without having gone through the RUC process. The reduction in practice expense should have occurred in conjunction with a survey that included audiology work, since audiologists were being moved from practice expense to the work RVU column and were a primary biller.

At its April 2014 meeting, the RUC agreed that there was compelling evidence to re-value the individual codes and 92543 to include the work of the audiologist, a primary biller, in the RVW. CPT codes 92541, 92542, 92544, and 92545 currently reflect the RUC-recommended values. However, the interim RVW for CPT code 92543 does not reflect the April 2014 RUC recommendation of 0.35 RVW for one caloric irrigation, and as such, does not account for audiology time in either the work or PE RVUs.

The following table illustrates the removal of audiology clinical labor time from PE for one caloric irrigation.

CPT	2009 RVW	2009 PE	2009 Total RVU	Current RVW	Current PE	Current Total RVU
92543	0.10	0.64	0.76	0.10	0.33	0.45

The expert panel recommends the 25th percentile RVW of 0.80 to appropriately capture the work of the audiologist when performing four caloric irrigations.

The recommendation for a 0.80 RVW is further supported by the key reference code—CPT 92540 at 1.50 RVW. Survey respondents indicated that the caloric irrigation was comparable in intensity/complexity to the reference code across all measures. Additionally, the total time for the key reference code is 77 minutes as compared to the recommended total time of 40 minutes for the surveyed code. We are providing the following reference tables, which include MPC reference codes and other RUC reviewed services that support our requested values for physician time and work for 92537.

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST
92540	1.50	0.019	77	7	60	10
92537	0.80	0.019	40	5	30	5

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	0.75	0.031	26	2	20	4
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	0.80	0.019	40	5	30	5
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	0.92	0.047	25	5	15	5

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 92270X1.

Additional Reference Codes

RUC Reviewed	CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
2007	**95980**	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	0.80	0.026	32	3	24	5
2011	**95938**	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	0.86	0.021	40	10	20	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. CPT code 92543 is currently typically billed on the same day with CPT code 92540 *Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording* (XXX, 1.50 RVW, 7 pre-60 intra-10 post). As such, we estimate that 9254X1 will also be billed with 92540 over 50% of the time.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92543

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Audiology How often? Commonly

Specialty Otolaryngology How often? Commonly

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 145000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013 frequency data from the RUC database for CPT code 92543 was utilized. However, 92543 utilizations represents a single irrigation while 92270X1 represents four (4) irrigations. Additionally, this code applies to the non-Medicare population and we estimate national utilization at about two (2) times Medicare. 9254X1 is one of two codes replacing current 92543 and we estimate that 9254X1 will constitute 80% of new billings. As such, the estimated national frequency is based on 80% of Medicare frequency for 92543 and accounts for the multiple irrigations and utilization in non-Medicare populations.

Specialty Audiology Frequency 54491 Percentage 37.58 %

Specialty Otolaryngology Frequency 37135 Percentage 25.61 %

Specialty Neurology Frequency 21504 Percentage 14.83 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 72,459 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013 frequency data from the RUC database for CPT code 92543 was utilized. However, as stated above, 92543 utilization represents a single irrigation while 92537 respresents four (4) irrigations. Additionally, 92537 is one of two codes replacing current 92543 and we estimate that 92537 will constitute 80% of new billings. As such, the estimated Medicare frequency is based on 80% of the Medicare frequency for 92543, divided by four (4) to account for the multiple irrigations that will be billed under the new code.

Specialty Audiology Frequency 27230 Percentage 37.57 %

Specialty Otolaryngology Frequency 18557 Percentage 25.61 %

Specialty Neurology Frequency 10746 Percentage 14.83 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92540

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92538 Tracking Number R2 Original Specialty Recommended RVU: **0.55**
Presented Recommended RVU: **0.55**
Global Period: XXX RUC Recommended RVU: **0.55**

CPT Descriptor: Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)

(For one irrigation, use modifier 52)

(For bilateral, bithermal caloric vestibular testing, use 92537)

(Do not report 92538 in conjunction with 92270, 92537)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents with recurrent spontaneous episodes of dizziness of unclear etiology. Caloric vestibular testing is requested.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work: The pre-service work includes a chart review for evidence of previous testing, relevant ancillary diagnoses , and medical history. The patient is questioned to affirm or update the current status of the the medications actively taken.

Description of Intra-Service Work: The goggles are placed over the patient's eyes and adjusted firmly on the face. The video cameras are positioned so that the pupils are in field of the camera, and the contrast and sensitivity are adjusted so that the pupil can be differentiated and tracked during testing. Calibration of the equipment is performed by measuring the eye movements while tracking a light stimulus that moves across a predetermined arc to constitute a specified number of degrees in each direction. The health care professional performs an otoscopic examination of the ear canal and tympanic membrane. The caloric vestibular test is performed by irrigating the ear canal with either water or air for a period of 30 to 60 seconds and recording the eye movement response (nystagmus) for approximately two minutes following the irrigation. The patient is then given sufficient time, typically five minutes, before the opposite ear can be irrigated. In order for the test to provide accurate information, several minimum standards must be met.

1. The temperature of the air or water stimulus is set at ~7 degrees Celsius over or under body temperature.

2. Eye movement recording obtained through infra-red cameras that track the pupil of the eye as it moves. The test must be performed in darkness with eyes open; any visual target will suppress the labyrinthine response and render the test inaccurate.
3. During the irrigation, the qualified practitioner maintains a steady consistent irrigation over the time period, assuring the patient does not move or tilt his/her head.
4. Once the irrigation is completed, the practitioner engages the patient in mental alerting tasks to ensure the nystagmus is not suppressed and that the patient's eyes remain open during recording.
5. After the nystagmus peaks (60 – 90 seconds after the irrigation), the practitioner introduces a visual fixation target to determine if the patient can visually suppress the nystagmus.
6. Once the recording and analysis are complete, the patient is given sufficient time, typically five minutes, before the opposite ear can be irrigated so that there is no significant chance of residual thermal effect from the previous irrigation
7. The head is repositioned to allow access to the opposite ear, the recording video goggles are recalibrated, and the second ear is irrigated using the same temperature stimulus as was used for the first ear.

Recording quality is assessed. The qualified health care professional must identify sections of the eye movement recording that have artifacts (e.g., blinks or other extraneous eye movements) and then calculate the velocity of the eye movement (nystagmus) during the peak of the response. The resultant values from each irrigation are analyzed to determine the clinical significance of any directional preponderance or relative vestibular reduction. The eye movement recordings are printed and/or electronically stored for archival documentation, and a report of the diagnostic results, interpretation, and recommendations is prepared.

Note: This test is typically performed when the patient is unable to tolerate all four planned irrigations or only limited caloric testing is clinically indicated.

Description of Post-Service Work: Post-service work includes describing the results to the patient (and often one or more family members or caregivers) and notifying the referring physician of the test outcomes and recommendations.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Paul Pessis, AuD; Leisha Eiten, AuD, CCC-A; Alan Desmond, AuD; John Lanza, MD; Kevin Kerber, MD				
Specialty(s):	American Academy of Audiology, American Speech-Language-Hearing Association, American Academy of Neurology, American Academy of Otolaryngology-Head and Neck Surgery				
CPT Code:	92538				
Sample Size:	1562	**Resp N:** 103	**Response:** 6.5 %		
Description of Sample:	Random sample of audiologists, otolaryngologists, and neurologists				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	1.00	5.00	**20.00**	75.00	1000.00
Survey RVW:	0.01	0.55	**0.85**	1.45	24.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	12.00	**15.00**	20.00	75.00
Immediate Post Service-Time:	**10.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92538	**Recommended Physician Work RVU: 0.55**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92540	XXX	1.50	**RUC Time**

CPT Descriptor Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92542	XXX	0.42	**RUC Time**

CPT Descriptor Positional nystagmus test, minimum of 4 positions, with recording

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93923	XXX	0.45	**RUC Time**	538,216

CPT Descriptor 1 Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	732,876

CPT Descriptor 2 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

Other Reference CPT Code	Global	Work RVU	Time Source

92588 XXX 0.55 **RUC Time**

CPT Descriptor Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 32.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 13.5 **%**

TIME ESTIMATES (Median)	**CPT Code:** 92538	**Top Key Reference CPT Code:** 92540	**2nd Key Reference CPT Code:** **92542**
Median Pre-Service Time	5.00	7.00	3.00
Median Intra-Service Time	15.00	60.00	10.00
Median Immediate Post-service Time	5.00	10.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**77.00**	**16.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES *(of those that selected Key Reference codes)*	**Top Key Ref Code**	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.55	0.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.52	0.21
Urgency of medical decision making	0.67	0.21
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.15	0.71
Physical effort required	0.85	0.21

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.85	0.79
Outcome depends on the skill and judgment of physician	1.21	1.00
Estimated risk of malpractice suit with poor outcome	1.00	0.64

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.79	0.93

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Reason for Survey:
At the RUC meeting in April 2013, CPT code 92543 *Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording* was identified by the Relativity Assessment Workgroup (RAW) for high utilization, after the RUC lowered the threshold to codes with Medicare utilization of 250,000 claims or more (from 500,000). CPT code 92543, and the rest of the vestibular testing family (92541-92545) were recommended for survey. At the April 2014 RUC meeting, the RUC reviewed and approved an interim value of 0.35 RVW for 92543, but recommended referral to CPT to better define the service. As a result, two new codes (92537 and 92538) were developed to replace 92543. 92543 represents a single caloric irrigation, while 9254X2 represents two caloric irrigations (ie, one per ear).

Survey Sample:
The survey data and recommendations are based upon a random sample of the audiology, otolaryngology, and neurology memberships. The total sample size was 1526 with 103 responses. Of those responses, 69 were provided by audiologists, 29 by otolaryngologists, and 5 by neurologists.

Physician Time:
The expert panel recommends a **pre-service time of 5 minutes, an intra-service time of 15 minutes, and a post-service time of 5 minutes for a total of 25 minutes**.

Pre-Service Time
The expert panel reviewed the pre-service times and concluded that the survey median time of 10 minutes should be decreased, given that this code is often billed with another vestibular testing code. Therefore **the expert panel recommends a reduced pre-service time of 5 minutes**.

Intra-Service Time
The expert panel agreed with the survey respondents regarding the median intra-service time and therefore **recommends an intra-service time of 15 minutes**.

Post-Service Time
The expert panel concluded that the median post-service time of 10 minutes should also be reduced for the same reason as pre-service. The expert panel **recommends a post-service time of 5 minutes.**

RVW

Upon review of the survey results, the expert panel **recommends the 25th percentile RVW of 0.55**.

Compelling Evidence

92538 is one of two codes replacing CPT code 92543. The expert panel believes that there is compelling evidence for an RVW of 0.55 because the current work value of 0.10 for CPT code 92543 is incorrect for the following reasons:

- a previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data. **(Harvard-valued code based on physician work, audiologists now a primary biller)**

- a flawed mechanism or methodology used in the previous valuation **(Audiology clinical staff time removed without RUC survey)**

In 2009, vestibular codes 92541, 92542, 92544 and 92545 were bundled and valued through the RUC process, resulting in CPT 92540 (Basic vestibular evaluation). At that time, the RUC agreed there was compelling evidence to value 92540 based on the median of audiology surveys. However, during that process, the audiology clinical staff time was removed, not only from the new bundled code, but also from each of the individual component codes without having gone through the RUC process. The reduction in practice expense should have occurred in conjunction with a survey that included audiology work, since audiologists were being moved from practice expense to the work RVU column and were a primary biller.

At its April 2014 meeting, the RUC agreed that there was compelling evidence to re-value the individual codes and 92543 to include the work of the audiologist, a primary biller, in the RVW. CPT codes 92541, 92542, 92544, and 92545 currently reflect the RUC-recommended values. However, the interim RVW for CPT code 92543 does not reflect the April 2014 RUC recommendation of 0.35 RVW for one caloric irrigation, and as such, does not account for audiology time in either the work or PE RVUs.

The following table illustrates the removal of audiology clinical labor time from PE for one caloric irrigation.

CPT	2009 RVW	2009 PE	2009 Total RVU	Current RVW	Current PE	Current Total RVU
92543	0.10	0.64	0.76	0.10	0.33	0.45

The expert panel recommends the 25th percentile RVW of 0.55 to appropriately capture the work of the audiologist when performing two caloric irrigations.

The recommendation for a 0.55 RVW is further supported by the key reference code—CPT 92540 at 1.50 RVW. Survey respondents indicated that the caloric irrigation was higher in intensity/complexity to the reference code across all measures. Additionally, the total time for the key reference code is 77 minutes as compared to the recommended total time of 25 minutes for the surveyed code. We are providing the following reference tables, which include MPC reference codes and other RUC reviewed services that support our requested values for physician time and work for 92538.

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST
92540	1.50	0.019	77	7	60	10
92538	0.55	0.022	25	5	15	5

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood	0.45	0.020	16	3	10	3

	pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)						
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	0.55	0.022	25	5	15	5
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	0.56	0.038	4	10	4	18

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 92538.

Additional Reference Codes

RUC Reviewed	CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
2011	**92588**	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	0.55	0.025	22.5	3	16.5	3
2013	**77003**	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	0.60	0.022	27	7	15	5
2010	**76881**	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	0.63	0.027	25	5	15	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. CPT code 92543 is currently typically billed on the same day with CPT code 92540 *Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording* (XXX, 1.50 RVW, 7 pre-60 intra-10 post). As such, we estimate that 92270X2 will also be billed with 92540 over 50% of the time.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92543

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Audiology How often? Sometimes

Specialty Otolaryngology How often? Sometimes

Specialty Neurology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 72460
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013 frequency data from the RUC database for CPT code 92543 was utilized. However, 92543 utilizations represents a single irrigation while 9254X2 represents two (2) irrigations. Additionally, this code applies to the non-Medicare population and we estimate national utilization at about two (2) times Medicare. 9254X2 is one of two codes replacing current 92543 and we estimate that 9254X2 will constitute 20% of new billings. As such, the estimated national frequency is based on 20% of Medicare frequency for 92543 and accounts for the multiple irrigations and utilization in non-Medicare populations.

Specialty Audiology Frequency 27230 Percentage 37.57 %

Specialty Otolaryngology Frequency 18557 Percentage 25.60 %

Specialty Neurology Frequency 10746 Percentage 14.83 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 36,230 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013 frequency data from the RUC database for CPT code 92543 was utilized. However, as stated above, 92543 utilization represents a single irrigation while 92538 respresents two (2) irrigations. Additionally, 92538 is one of two codes replacing current 92543 and we estimate that 92538 will constitute 20% of new billings. As such, the estimated Medicare frequency is based 20% of the Medicare frequency for 92543, divided by two (2) to account for the multiple irrigations that will be billed under the new code.

Specialty Audiology Frequency 13615 Percentage 37.57 %

Specialty Otolaryngology Frequency 9279 Percentage 25.61 %

Specialty Neurology Frequency 5373 Percentage 14.83 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92540

SS Rec Summary

ISSUE: Vestibular Caloric Irrigation

TAB: 18

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
16	REF	92540	Basic vestibular evaluation, includes spontaneous nystagmus test	74	0.019			1.50			77	7					60			10
17	CURRENT	92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording		-0.003			0.10			16	3					10			3
18	SVY	92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	133	0.035	0.20	0.80	1.50	1.60	40.00	50	10	0	0	2	24	30	40	180	10
19	REC	92537			0.019		0.80				40	5					30			5
20	AUD	92537		90	0.035	0.20	0.85	1.50	1.61	40.00	50	10	0	0	3	25	30	40	180	10
21	ENT	92537		36	0.032	0.39	0.75	1.40	1.86	23.00	50	10	0	0	2	11	30	30	60	10
22	NEURO	92537		7	0.019	0.25	0.40	1.00	1.50	2.00	50	5	0	0	2	6	35	45	60	10
23																				
24	REF	92540	Basic vestibular evaluation, includes spontaneous nystagmus test	74	0.019			1.50			77	7					60			10
25	CURRENT	92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording		-0.003			0.10			16	3					10			3
26	SVY	92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two	103	0.027	0.01	0.55	0.85	1.45	24.00	35	10	0	0	1	12	15	20	75	10
27	REC	92538			0.022		0.55				25	5					15			5
28	AUD	92538		69	0.027	0.10	0.64	0.85	1.43	24.00	35	10	0	0	3	13	15	20	75	10
29	ENT	92538		29	0.028	0.30	0.50	1.00	1.50	3.00	40	10	0	0	1	11	20	30	60	10
30	NEURO	92538		5	-0.009	0.01	0.11	0.20	1.01	1.50	30	5	0	0	2	4	15	38	45	10

4 & 18
Tab Number

Laryngoplasty & VNG
Issue

92537-8
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Peter Manes, MD

Printed Signature

AAO-HNS

Specialty Society

1/6/15

Date

____18____
Tab Number

__Vestibular Caloric Irrigation____
Issue

___9254X1 – 9254X2____
Code Range

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Terry D. Fife MD
Signature

TERRY D. FIFE, MD
Printed Signature

_American Academy of Neurology_____
Specialty Society

_1/2/2015_____
Date

___18____
Tab Number

___Vestibular Caloric Irrigation_
Issue

_____9254X1 – 9254X2___
Code Range

Attestation Statement

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__Kevin A. Kerber_____
Signature

__Kevin A. Kerber, MD_____
Printed Signature

__American Academy of Neurology_____
Specialty Society

__1/2/2015_____
Date

18
Tab Number

Vestibular Caloric Irrigation
Issue

9254X1-9254X2
Code Range

Attestation Statement

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Signature

Leisha R. Eiten

Printed Signature

American Speech-Language-Hearing Association (Audiology)

Specialty Society

January 6, 2015

Date

18
Tab Number

Vestibular Caloric Irrigation
Issue

9254X1-9254X2
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Paul M. Pessis, AuD

Signature

Paul M. Pessis, AuD

Printed Signature

American Academy of Audiology (Audiology)

Specialty Society

January 6, 2015

Date

CPT Code: 92537, 92538
Specialty Society(‘s) AAA, AAN, AAO-HNS, ASHA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Code	Long Descriptor
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations) (For three irrigations, use modifier 52) (For monothermal caloric vestibular test, use 92538) (Do no report 92537 in conjunction with 92270, 92538)
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations) (For one irrigation, use modifier 52) (For bilateral, bithermal caloric vestibular testing, use 92537) (Do not report 92538in conjunction with 92270, 92537)

Global Period:XXX Meeting Date: January 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel of audiologists, otolaryngologists, and neurologists determined the practice expense elements, drawing upon the current practice expense inputs for CPT code 92543 for each of the PE recommendations. The consensus panel consisted of RUC and RUC HCPAC advisors and members of reimbursement/payment policy committees from each of the specialty societies, including experts in vestibular disorders. Geographic locations included Arizona, Connecticut, Florida, Georgia, Illinois, Iowa, Maryland, Michigan, Nebraska, New York, Tennessee, and West Virginia. Practice settings include private practice, group practice, medical center, hospital, academic, and university clinic.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Services described by CPT 92537-8 are currently being reported using **CPT 92543** *Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording*. As such, we have included the current PE inputs for 92543 as comparison.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Equipment change: Replace ENG equipment with VNG equipment due to change in technology/clinical practice

We surveyed CPT codes 92537 and 92538 based on infrared goggles (VideoOG or VNG), which have replaced surface electrodes (ENG) as the clinical standard for vestibular testing. Therefore, adjustments have been made to account for VNG technology, including addition of new VNG equipment to replace ENG equipment. The same adjustments were made to other vestibular testing codes (92541-42, 92544-45) at the April 2014 meeting.

Over the last 10 years, technology has evolved and clinical practice has changed such that infrared video goggles (VideoOG or VNG) have replaced surface electrodes (ENG), which was the previous clinical standard. According to a leading manufacturer of vestibular testing equipment, in 1985 when the vestibular function codes were valued as part of the Harvard study, ENG (electrode based) equipment made nearly 100% of sales. VNG recording was introduced in 1997. As of 2012, 61% of equipment sold is solely video based, and 39% has ENG as an optional add on. No new electrode-only systems have been sold since 2009.

Change in equipment minutes: Current CPT code 92543 *Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording* is valued for a single irrigation whereas new codes 9254X1 and 9254X2 are valued based on four (4) and (2) irrigations, respectively. As such, the minutes of equipment usage will be increased for the new codes and are submitted in line with the proposed median survey intra-time for each code.

5. Please describe in detail the clinical activities of your staff:

N/A. There is no clinical labor time included in this code.

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**92543**		**92537**		**92538**	
3	**Meeting Date:** **Tab:** **Specialty:**	**CMS Code**	**Staff Type**	Caloric vestibular test, each irrigation (binaural, bithermal stimulation, constitutes 4 tests), with recording		Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)		Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	*Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available								
22	Obtain vital signs								
23	Provide pre-service education/obtain consent								
24	Prepare room, equipment, supplies								
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV								
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure								
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff								
36	Clean Scope								
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
41	*Other Clinical Activity - *specify:*								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**								

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**92543**		**92537**		**92538**	
3	**Meeting Date:** **Tab:** **Specialty:**	**CMS Code**	**Staff Type**	Caloric vestibular test, each irrigation (binaural, bithermal stimulation, constitutes 4 tests), with recording		Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)		Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27						
52	99213 36 minutes		36						
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	gloves, non-sterile	SB022	pair			**1**		**1**	
60	syringe 20ml	SC053	item	**1**					
61	electrode, ECG (single)	SD053	item	**1**					
62	cautery, patient ground pad w-cord	SF021	item	**1**					
63	cotton balls, non-sterile	SG030	item	**1**		**1**		**1**	
64	basin, emisis	SJ010	item			**1**		**1**	
65	electrode conductive paste	SJ021	oz	**1**					
66	swab-pad, alcohol	SJ053	item	**1**		**1**		**1**	
67	paper, recording (per sheet)	SK059	item	**1**		**1**		**1**	
68	water, distilled	SK087	oz	**1**		**1**		**1**	
69	specula tips, otoscope	SM025	item	**1**		**1**		**1**	
70									
71	**EQUIPMENT**	**CODE**							
72	chair with headrest, exam, reclining	EF008		**10**		**30**		**15**	
73	ENG recording system	EQ025		**10**					
74	caloric stimulator, air or water	EQ077		**10**		**30**		**15**	
75	light, fiberoptic headlight w-source	EQ170		**10**		**30**		**15**	
76	VNG Recording System	EQ367				**30**		**15**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
010-Day Global Post-Operative Visits Screen

January 2015

Bone Biopsy Excisional

In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with greater than 1.5 office visits and 2012 Medicare utilization greater than 1,000. The RUC requested these services be surveyed for work and review the practice expense for the September 2014 RUC meeting. In September, the RUC requested and CMS approved to change the global period from a 010-day global to a 000-day global for both CPT code 20240 and 20245 and the specialty societies presented survey data at the January 2015 meeting.

Prior to reviewing CPT code 20240, the specialty society presented compelling evidence that the work value for CPT code 20240 may be misvalued. The specialty noted that incorrect assumptions were made in the previous valuation of the service. The current intra-service time is based on a Harvard study of 8 general surgeons, while the pre- and post-service times were derived from an algorithm. Furthermore, the Harvard survey of general surgeons no longer represents the dominant provider, which is now podiatry. The RUC agreed with the specialty societies that there is compelling evidence that CPT code 20240 is potentially misvalued.

20240 Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
The RUC reviewed the survey responses from 71 podiatrists and orthopaedic surgeons and recommend the following physician time components: pre-service time of 58 minutes, intra-service time of 30 minutes and immediate post-service time of 30 minutes. The RUC agreed that an additional 7 minutes of positioning time above the standard pre-service time package 3 (straightforward patient, difficult procedure) to place the patient in the prone position with attention to padding and tourniquet application prior to the procedure.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the 25th percentile work RVU of 3.73 accurately values the physician work of CPT code 20240. To justify a work RVU of 3.73, the RUC compared the surveyed code to the key reference code 11044 *Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less* (work RVU= 4.10) and noted that the reference code has more intra-service time, 45 minutes compared to 30 minutes, and is correctly valued higher than code 20240. The RUC also reviewed MPC codes 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50, intra-service time= 30 minutes) and 52224 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy* (work RVU= 4.05, intra-service time 30 minutes) and agreed that the recommended value for 20240 accurately fits between these two

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reference services. The RUC considered 13 recently reviewed 0-day global codes with 30 minutes of intra-operative time and noted that a majority of these codes are endoscopies (through a natural orifice) or percutaneous procedures through a vessel. These 13 0-day global codes provided additional support for the recommendation of 3.73 work RVUs for code 20240 as it transitions to a 0-day global period. **The RUC recommends a work RVU of 3.73 for CPT code 20240.**

20245 Biopsy, bone, open; deep (eg, humerus, ischium, femur)
During the discussion of CPT code 20245, the RUC noted several issues with the survey data. The specialty society explained that the survey sample was limited to a random sample of physician members of the Musculoskeletal Tumor Society (MSTS). This specialty was chosen since physicians in this society are more likely to perform this service than general orthopaedic surgeons. The RUC raised two concerns with this approach. First, the RUC was uncomfortable that the surveying specialties did not get Research Subcommittee approval to selectively target only members of the MSTS. Second, there were questions about the typical patient for this service. While the vast majority of survey respondents indicated that the typical patient has cancer, the Medicare 5% sample file does not indicate identification of a malignant lytic legion as any of the top diagnosis codes billed with 20245. Therefore, it was unclear whether or not the correct survey population was chosen.

In addition, the specialty societies indicated discomfort that this newly created 000-day global period service (previously 090-day) did not accurately value the work of the discharge day management service due to the use of the standard 000-day survey template. **The RUC agreed that CPT code 20245 should be referred to Research Subcommittee to approve a new survey sample which will incorporate a more general population and consider changes to the 000-day global survey template to better value the work of this major procedure. The specialty societies will present survey data at the April 2015 RUC meeting.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with no modifications as submitted by the specialty society and approved by the Practice Expense Subcommittee. The RUC notes the following:

- The RUC standard for 000-day and 010-day day codes is no pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that 30 minutes for facility-based procedures may apply to a select number of codes that require extensive use of clinical staff time. Although these two codes are transitioning to 000-day global assignment, both 20240 and 20245 are major procedures performed under general anesthesia. The specialty recommended and the RUC agreed that 30 minutes pre-service clinical staff work is justified.

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CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)	000	3.73
20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)	000	Referral to Research Subcommittee and Present Survey Data at April 2015

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20240 Tracking Number

Original Specialty Recommended RVU: **3.73**
Presented Recommended RVU: **3.73**
RUC Recommended RVU: **3.73**

Global Period: 000

CPT Descriptor: Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old diabetic with a history of a puncture wound presents with a hot, swollen, painful hindfoot. X-rays reveal a suspicious erosion on the plantar calcaneus. A core biopsy was non-diagnostic and a decision is made to perform an open bone biopsy of the calcaneus.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review medical records with attention to imaging, pathology, and labs. Assure appropriate selection, timing, and administration of pre-surgical antibiotic. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available. The patient is positioned prone. Bony prominences are padded and thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. Place tourniquet. Prep and drape foot. Inflate pneumatic tourniquet. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: Under anesthesia, a linear incision is made on the plantar aspect of the heel. The soft tissues are inspected and debridement of non-viable tissue is performed as necessary. The calcaneus is exposed and a specimen of bone is obtained for biopsy. The site is copiously lavaged, hemostasis is obtained and the wound is packed open centrally. The proximal and distal incisional margins are sutured.

Description of Post-Service Work: Apply sterile dressings. Discuss postoperative care with recovery room staff. Discuss surgery outcome with patient's family. Complete brief operative note and medication orders, and all required operative documentation. Monitor patient stabilization in the recovery room, including neurovascular status. After patient is awake, discuss surgery outcome and anticipated course with patient. Complete operative report and medical record documentation. When the patient is stable, make the decision for discharge. Discuss aftercare treatment with the patient, family and other healthcare professionals, including home restrictions (ie, activity, bathing). Reconcile medications with attention to pre-admission therapy, inpatient therapy and outpatient formulary and enter orders for continued pain medication as necessary. Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management. Inform the primary care or referring physician of discharge plans. All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	William Creevy MD; John Heiner MD; Tim Tillo DPM		
Specialty(s):	AAOS, APMA		
CPT Code:	20240		
Sample Size:	160	**Resp N:** 71	**Response:** 44.3 %
Description of Sample:	random selection from society email roster		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**6.00**	10.00	50.00
Survey RVW:	2.20	3.73	**4.50**	5.63	10.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	10.00	20.00	**30.00**	40.00	60.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	20240	**Recommended Physician Work RVU: 3.73**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**30.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
11044	000	4.10	**RUC Time**

CPT Descriptor Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20902	000	4.58	**RUC Time**

CPT Descriptor Bone graft, any donor area; major or large

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	21,204

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	48,946

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 33.8 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 21.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 20240	Top Key Reference CPT Code: 11044	2nd Key Reference CPT Code: **20902**
Median Pre-Service Time	58.00	51.00	58.00
Median Intra-Service Time	30.00	45.00	45.00
Median Immediate Post-service Time	30.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**118.00**	**116.00**	**123.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.71	1.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.88	1.27
Urgency of medical decision making	0.54	0.87
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.33	0.40
Physical effort required	0.29	0.13
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.25	1.07
Outcome depends on the skill and judgment of physician	0.42	0.93
Estimated risk of malpractice suit with poor outcome	0.46	1.13

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.54	1.07

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with >1.5 office visits and 2012 Medicare utilization data over 1,000. Code 20245 was identified in this screen and code 20240 was added as a family code. After an initial survey that showed wide variability in postoperative care, the specialties requested a 0-day global period for both codes. CMS approved this request.

Compelling Evidence

Incorrect assumptions were made in the previous valuation of the service: 1) Harvard-based with only intra-time estimated by 8 general surgeons – not the dominant or only provider. 2) Pre and post time were predicted by algorithm (ie, not surveyed). 3) The code was assigned a 10-day global period (ie, "minor" procedure) even though 80% of the time it is performed in a facility (40% inpatient) and under general anesthesia (ie, should have been a major procedure). 4) An IWPUT of 0.037 significantly undervalues the work for this procedure when compared with other procedures and services in the PFS (ie, the value is not "relative").

Recommendation

We recommend the survey 25th percentile work RVU of 3.73. This is supported by the key reference codes, the MPC codes and 13 other recently reviewed 000-global codes as discussed below.

Pre-Time

Add 7 minutes (total = 10 minutes) for positioning. Although we believe positioning time would be greater, we are recommending 10 minutes based on the survey median time for position. A total of 10 minutes for positioning is supported by CPT code 28120 *Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus* (reviewed by the RUC in 2011). The patient will be positioned prone, with attention to padding, and tourniquet application prior to the procedure.

Key Reference Comparison

Although the Key Reference codes have more intra-operative time, total time is similar. In addition, the intra-operative work and intra-work intensity are similar.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
20240	**Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)**	**3.73**	**0.066**	**118**	**58**	**30**	**30**
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	4.10	0.061	116	51	45	20
20902	Bone graft, any donor area; major or large	4.58	0.068	123	58	45	20

MPC Comparison

The dominant site of service for both MPC codes is the office, while a bone biopsy is performed in a facility 80% of the time under general anesthesia or complex regional block that requires additional pre-service work.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	3.50	0.083	79	29	30	20

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
20240	**Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)**	**3.73**	**0.066**	**118**	**58**	**30**	**30**
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	79	29	30	20

Comparison to Other Recently Reviewed 000-global Codes

Thirteen recently reviewed 0-day global codes with 30 minutes of intra-operative time are shown in the table below. A majority of these codes are endoscopies (through a natural orifice) or percutaneous procedures through a vessel. These codes support the recommendation of 3.73 work RVUs for code 20240 as it transitions to a 0-day global period.

RUC	CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	Pre Pkg	PRE	INTRA	POST
2013	**43214**	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	**3.50**	**0.076**	**87**	**2b**	41	30	16
2012	**52214**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	**3.50**	**0.082**	**79**	**1b**	29	30	20
2013	**43246**	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	**3.66**	**0.083**	**86**	**2b**	41	30	15
2013	**43255**	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	**3.66**	**0.079**	**91**	**2b**	41	30	20
	20240	**Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)**	**3.73**	**0.066**	**118**	**3**	**58**	**30**	**30**
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	**4.05**	**0.101**	**79**	**5**	29	30	20
2013	**43233**	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	**4.17**	**0.098**	**88**	**2b**	38	30	20
2012	**36221**	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	**4.17**	**0.083**	**108**	**2b**	48	30	30
2013	**43243**	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	**4.37**	**0.103**	**91**	**2b**	41	30	20
2013	**43244**	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	**4.50**	**0.107**	**91**	**2b**	41	30	20
2011	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	**4.62**	**0.120**	**79**	**1b**	29	30	20
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	**4.71**	**0.120**	**83**	**2b**	38	30	15
2010	**93452**	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	**4.75**	**0.102**	**108**	**2b**	48	30	30
2010	**93454**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	**4.79**	**0.104**	**108**	**2b**	48	30	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20240

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,911
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013 Medicare data

Specialty podiatry Frequency 1141 Percentage 39.19 %

Specialty orthopaedic surgery Frequency 348 Percentage 11.95 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 20240

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	AA	AB	AC	AH	AI	AJ	AK	AL
3	**ISSUE:**	**Bone Biopsy Excisional**																												
4	**TAB:**	**19**																												
5						**RVW**					**Total**	**PRE**	**PRE**			**INTRA**						**Post**	**Post-Fac**			**Post-Off**				
6	**SOURCE**	**CPT**	**DESC**	**Resp**	**IWPUT**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**Time**	**PKG**	**EVAL**	**POSIT**	**SDW**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**P-SD**	**PKG**	**31**	**38**	**39**	**15**	**14**	**13**	**12**	**11**
7	**REF-1**	**11044**	Debridement, bone (includ	**24**	**0.061**			**4.10**			**116**	**3**	33	3	15			45			20									
8	**REF-2**	**20902**	Bone graft, any donor area	**15**	**0.068**			**4.58**			**123**		33	10	15			45			20									
9	**HVD**	**20240**	Biopsy, bone, open; super		**0.037**			**3.28**			**116**		14	0	15			39			13			0.5					1	
10	**SVY**	**20240**	Biopsy, bone, open; super	**71**	**0.082**	**2.20**	**3.73**	**4.50**	**5.63**	**10.00**	**130**		45	10	15	**10**	**20**	**30**	**40**	**60**	**30**									
11	**REC**	**20240**	25th pctl		**0.066**			**3.73**			**118**	**3**	33	10	15			30			30	**9A**								

19
Tab Number

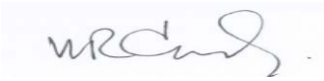
Bone Biopsy Excisional
Issue

20240, 20245
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



_____
Signature

William Creevy, MD
Printed Signature

American Academy of Orthopaedic Surgeons
Specialty Society

January 5, 2015
Date

19
Tab Number

Bone Biopsy Excisional
Issue

20240
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Timothy H. TIllo, DPM
Printed Signature

American Podiatric Medical Association
Specialty Society

January 5, 2015
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

20240 Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20245 Biopsy, bone, open; deep (eg, humerus, ischium, femur)

Global Period: 000 Meeting Date: January 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: AAOS and APMA Advisors reviewed the current practice expense details for 20240 and 20245.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Although these two codes are transitioning to 0-day global assignment, both 20240 and 20245 are major procedures performed under general anesthesia and with a significant percentage of patients admitted to the hospital. As such, the recommendation for 30 minutes pre-service clinical staff work is more than justified and probably the standard 60 minutes assigned to 90-day global codes is even more appropriate. We are recommending 30 minutes as a placeholder for pre-service clinical staff time until the RUC Practice Expense Subcommittee takes up the issue of reviewing pre-time clinical staff times for major procedures that transition to 0-day global.

Intra-Service Clinical Labor Activities:
20240: Six minutes for same day discharge to reflect dominant SOS (ie, facility outpatient and ASC).
20245: The typical patient will be discharged on a date after day of surgery. Thus, clinical staff discharge activities will be included in a separately reported discharge code and are not part of this 0-day global code.

Post-Service Clinical Labor Activities:
N/A

	A	B	C	D	E	F	G	H	I	J	K
1				PEAC 2004		Recommend		PEAC 2004		Recommend	
2	more please bold the item name and CMS code.			20240		20240		20245		20245	
3	**Meeting Date: January 2015** **Tab: 19** **Specialty: AAOS, APMA**	**CMS Code**	**Staff Type**	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)		Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)		Biopsy, bone, open; deep (eg, humerus, ischium, femur)		Biopsy, bone, open; deep (eg, humerus, ischium, femur)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**0**	**0**	**010**	**010**	**0**	**0**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**63**	**0**	**36**	**0**	**167**	**0**	**30**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**30**	**0**	**30**	**0**	**30**	**0**	**30**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**6**	**0**	**6**	**0**	**12**	**0**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**27**	**0**	**0**	**0**	**125**	**0**	**0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**10**		**10**		**10**		**10**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**7**		**7**		**7**		**7**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
17	*Other Clinical Activity - *specify:*										
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**6**	**n/a**	**6**	**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	**12**	**n/a**	**0**
45	**End: Patient leaves office**										
46	**POST-SERVICE Period**										
47	**Start: Patient leaves office/facility**										
48	Conduct phone calls/call in prescriptions										
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16								
51	99212 27 minutes		27		**1**						
52	99213 36 minutes		36						**2**		
53	99214 53 minutes		53						**1**		
54	99215 63 minutes		63								
55	**Total Office Visit Time**	*L037D*	RN/LPN/MTA	**0**	**27**	**0**	**0**	**0**	**125**	**0**	**0**
57	**End: with last office visit before end of global period**										
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
59	pack, minimum multi-specialty visit	SA048	pack		**1**		**0**		**3**		**0**
60	pack, post-op incision care (suture)	SA054	pack		**1**		**0**		**1**		**0**
61	**EQUIPMENT**	**CODE**									
62	table, power	EF031			**27**		**0**		**125**		**0**
63	light, exam	EQ168			**27**		**0**		**125**		**0**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
090-Day Global Post-Operative Visits Screen

January 2015

Repair Flexor Tendon

In January 2014, the RUC reviewed 090-day global services (based on 2012 Medicare utilization data) and identified 10 services, reported at least 1,000 times per year that included more than 6 office visits. The RUC requested these services be surveyed for work and review the practice expense for the January 2015 RUC meeting.

The specialty societies explained that they did not submit survey data for CPT codes 26356, 26357 and 26358 at the January 2015 RUC meeting due to concern over the CMS final decision to transition all surgical codes with a 010- and 090-day global period to 000-day global. Specifically, the specialties were concerned that CMS, as they did to several codes in the 2015 Final Rule, would choose to use the reverse building block methodology to calculate a 0-day global value. The RUC noted that CMS has been clear that they will still accept RUC recommendations for surgical global codes which cannot adequately be surveyed, at this time, as 000-day globals. The RUC reiterated its clear position that given that CPT code 26356 was identified through the RAW process under the 090-day global post-operative visit screen, the current potentially misvalued code review cannot stop as a long-term strategy is formed to address the surgical global transition. **Therefore, the RUC recommends that survey data be presented for CPT codes (26356, 26357 and 26358) at the April 2015 RUC Meeting.**

CPT Code (•New)	**CPT Descriptor**	**Global Period**	**Work RVU Recommendation**
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	090	RUC Recommends Survey Data Presented in April 2015
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	090	RUC Recommends Survey Data Presented in April 2015

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26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	090	RUC Recommends Survey Data Presented for April 2015

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December 16, 2014

Barbara Levy, MD
Chair, AMA/RUC
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: Tab 20 Repair Flexor Tendon

Dear Dr. Levy,

In the recent PFS Final Rule for CY2015, CMS used reverse building block to change the work RVUs for several 90-day global codes to value them as 0-day global codes. Specifically, they manipulated time and subtracted the work RVUs for the E/Ms from the RUC recommendations that were based on magnitude estimation. We do not agree with this approach, which is contrary to the method for valuing codes approved by the RUC.

CPT code 26356 was identified by the RAW 90-day global visit screen. The volume for 26356 is approximately 1,100. Codes 26357 and 26358 were added as family codes; both have very low volume (40-60). The ASSH, AAOS, and ASPS conducted a 90-day global survey for these codes this past summer, but could not present data at the September RUC meeting because it coincided with the ASSH annual meeting and Advisors were not available for presentation.

Our societies agree that it would be inappropriate at this time to present data to the RUC based on the 90-day global survey only to have CMS possibly use reverse BBM to calculate a new value as 0-day. We also do not believe these three codes merit a 0-day global (eg, post-op care is variable).

Along with other providers of global codes, we have many concerns with the CMS plan to convert all 10- and 90-day global codes to a 0-day global assignment. These concerns (which include process questions) need to be discussed by the RUC and addressed by CMS prior to developing and implementing a plan to change the global status of thousands of codes. To isolate three low volume codes for "early" global change out of all surgical codes is inappropriate.

We respectfully request to table these low volume codes until the RUC discusses process and plan for all codes. We will be available at the January RUC meeting to respond to questions.

Regards,
/s/ Anne Miller, MD, ASSH Advisor to the RUC
/s/ William Creevy, MD, AAOS Advisor to the RUC
/s/ Martha Matthews, MD, ASPS Advisor to the RUC

AMA/Specialty Society RVS Update Committee Summary of Recommendations
090-Day Global Post-Operative Visits Screen

January 2015

Correction of Bunion

In January 2014, the RUC reviewed 090-day global services (based on 2012 Medicare utilization data) and identified 10 services, reported at least 1,000 times per year that included more than 6 office visits. CPT code 28293 was identified and the specialty societies added 28290-28299 as part of the family of services. The RUC requested these services be surveyed for work and review the practice expense for the January 2015 RUC meeting.

The specialty societies indicated that after reviewing the vignettes and the bunionectomy code descriptors, CPT coding changes are necessary, including deletion of code(s), possible bundling of codes, and general descriptor revisions. **The specialty societies requested and the RUC recommends CPT codes 28290-28299 are referred to the CPT Editorial Panel for revision.**

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)	090	Refer to CPT
28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	090	Refer to CPT
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant	090	Refer to CPT
28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)	090	Refer to CPT

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28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	090	Refer to CPT
28297	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure	090	Refer to CPT
28298	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy	090	Refer to CPT
28299	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy	090	Refer to CPT

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American Podiatric Medical Association
100 YEARS OF ADVANCING PODIATRIC MEDICINE 1912-2012

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www.apma.org

January 6, 2015

Sherry L. Smith, MS, CPA
Director, Physician Payment Policy and Systems
American Medical Association
515 North State Street
Chicago, Illinois 60654

Subject: Tab 21: Request for Delay CPT 28293

Dear Ms. Smith,

RUC's Relativity Assessment Workgroup (RAW) has requested survey of CPT 28293: Correction of Bunion for the January 2015 RUC meeting. As APMA has previously communicated to you, after reviewing the vignettes and the bunionectomy code descriptors in this family of codes, we determined that CPT coding changes are necessary, including deletion of code(s), possible bundling of codes, and general descriptor clean up. These changes require collaboration with other societies (AAOS, AOFAS).

When asked if we should just survey the one code that was identified by the RAW and take the rest of the family codes to CPT, RUC had indicated that we should not survey one code in a family if the family may change at CPT.

We are requesting referral to CPT, and APMA will be submitting a coding change request to CPT once we have completed our review and determined the most appropriate next steps.

If you have questions or concerns about this information, please contact Mr. Scott L. Haag, JD, MSPH, Department of Health Policy and Practice, at (301) 581-9233. Thank you for consideration of this request.

Sincerely,

Timothy H. Tillo, DPM
APMA Advisor to the HCPAC

cc: Barbara Levy, MD

AMA/Specialty Society RVS Update Committee Summary of Recommendations
090-Day Global Post-Operative Visits Screen

January 2015

Ocular Reconstruction Transplant

In January 2014, the RUC reviewed 090-day global services (based on 2012 Medicare utilization data) and identified 10 services, reported at least 1,000 times per year that included more than 6 office visits. The RUC requested these services be surveyed for work and review the practice expense for the January 2015 RUC meeting.

The specialty societies explained that they did not submit survey data for CPT codes 65780 at the January 2015 RUC meeting due to concern over the CMS final decision to transition all surgical codes with 010- and 090-day global period to 000-day globals. Specifically, the specialties were worried that CMS, as they did to several codes in the 2015 Final Rule, would choose to use the reverse building block methodology to value the 090-day globals as 000-day globals. The RUC noted that CMS has been clear that they will still accept RUC recommendations for surgical global codes which cannot adequately be surveyed, at this time, as 000-day globals. The RUC reiterated its clear position that given that CPT code 65780 was identified through the RAW process under the 090-day global post-operative visit screen, the current potentially misvalued code project cannot stop as a long-term strategy is formed to address the surgical global transition. **Therefore, the RUC recommends that survey data be presented for CPT codes (65780) at the April 2015 RUC Meeting.**

CPT Code (●New)	**CPT Descriptor**	**Global Period**	**Work RVU Recommendation**
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	090	RUC Recommends Survey Data Presented in April 2015

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AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

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www.aao.org

January 5, 2015

Barbara Levy, M.D.
Chair, Specialty Society Relative-value Update Committee
American Medical Association
AMA Plaza
330 N. Wabash Ave.
Chicago, IL 60611-5885

RE: Tab 12 Retinal Detachment and Tab 22 Ocular Surface Reconstruction

Dear Dr. Levy,

This letter is to confirm our decision relayed in the November 7th, 2014 letter (attached) that we will not be presenting surveys or recommendations for existing 90-day global codes given the CMS final rule decisions regarding global surgical codes. For the January meeting, this is relevant to CPT 67108 and CPT 67113 as assigned to Tab 12 and CPT 65780 for Tab 22.

Within the final rule, CMS gave no clear direction as to how to move forward, and without a clear path we reiterate our previous request that the January RUC meeting would be better spent focusing on how the RUC plans to accomplish this substantial task for revisiting all codes with global periods, so there is clarity and uniformity of the process going forward. Consistency of process is critical to maintain the relativity of a relational database where fair values are obtained over time.

Thank you,

Michael X. Repka, M.D.
American Academy of Ophthalmology
Medical Director, Government Affairs

November 10, 2014

Barbara Levy, M.D.
Chair, Specialty Society Relative-value Update Committee
American Medical Association
AMA Plaza
330 N. Wabash Ave.
Chicago, IL 60611-5885

Dear Dr. Levy,

Our Academies are writing to request that the RUC allow societies to defer surveys of RUC-valued 010-day and 090-day global services for the January 2015 meeting. Given the CMS final rule to eliminate the surgical bundles for 10- and 90-day codes in the near future, we are concerned that moving forward at this time with surveys of codes with global periods will create a situation where work values must be reconsidered almost as soon as they have been created.

This increases cost to societies and would be an inefficient use of the RUC's time given the codes will likely have to be revisited in the near future. It is a logical conclusion that the methodology used to value these codes moving forward will be significantly different than the current survey method. Within the final rule, CMS gave no clear direction as to how to move forward, and without a clear path we believe the time at the January RUC meeting would be better spent focusing on how the RUC plans to accomplish this substantial task for all codes with global periods, so there is clarity and uniformity of the process going forward. Consistency of process is critical to maintain the relativity of a relational database where values are obtained over time.

We note that in the 2015 Medicare Physician Fee Schedule final rule CMS encourages groups to minimize the number of recommendations submitted to them after January. In the rule CMS agreed to suspend the valuation of certain codes previously identified for review in order to allow further time for review and discussion. We have conferred with CMS Practitioner Services staff about this issue. CMS staff indicated that the request to minimize recommendations extends to all RUC considerations, including other screens from the Relative-value Assessment Workgroup, such as the 010 and 090 codes with a high number post-operative office visits. With the elimination of post-operative visits from surgical bundles, our organizations believe this is another screen that should be deferred. Additionally, we note that CMS did not incorporate the post-operative visit screen as part of its Misvalued Services review list within rulemaking and there is not a pending CMS timeline for reviews required by the post-operative visits RAW screen.

Thank you for your consideration of this important issue. We are suspending our survey processes until there are assurances of how 10-day and 90-day codes will be appropriately considered during the meeting given the strategic discussion regarding the global period issue will not occur until after the RUC has finished its deliberations on Saturday. We are happy to discuss this important matter either in the near future or at the upcoming meeting as the RUC considers a deliberative process for moving forward.

Sincerely,

Steve Kamenetzky

Stephen A. Kamenetzky, M.D.
American Academy of Ophthalmology
RUC Advisor

John T. Lanza, M.D.
AAO – HNS
Alternate RUC Advisor

cc: Dr. David W. Parke, MD, EVP/CEO American Academy of Ophthalmology
Dr. David Nielsen, MD, FACS, EVP/CEO AAOHNS

AMA
AMERICAN MEDICAL ASSOCIATION

ama-assn.org
t (312) 464-5000

November 13, 2014

Stephen A. Kamenetzky, MD
American Academy of Ophthalmology
340 New Salem Drive
St. Louis, MO 63141

John T. Lanza, MD
American Academy of Otolaryngology - Head and Neck Surgery
1801 SE Hillmoor Dr., Suite B-105
Port St. Lucie, FL 34952

Dear Doctors Kamenetzky and Lanza,

Thank you for your letter of November 10. I sincerely understand your concern regarding the Centers for Medicare and Medicaid Services (CMS) decision to transition CPT codes with 010 and 090 day global periods to a 000 day global period and the impact that this may have on the valuation of your services. You have already received notification that the RUC will begin a discussion regarding this decision and our next steps as a medical community in addressing coding and valuation issues. I strongly urge you both to attend the RUC strategy session on Saturday, January 31.

While the RUC will convene a strategy session and begin discussing the multitude of issues that require careful consideration, including: coding, work value methodology, practice expense, professional liability and the overall work plan, it is unrealistic that answers will be available to you on January 31. These discussions and decisions will be determined with participation of all of those specialties impacted and will take several months. There is no advantage at all for you in postponing your scheduled January agenda items to April. Further, the RUC's April agenda is predicted to be quite heavy as the CPT Editorial Panel is considering more than 100 coding proposals at its February 2015 meeting. Therefore, I am unable to grant your request to postpone the review of your scheduled January agenda items. I'd add that while CMS postponed its high expenditure screen for the immediate future, the RUC did not take any action to delay our screening process. I will not supersede decisions already made by the RUC to assign specific codes for review at the January meeting.

Staff from the American Medical Association (AMA) immediately discussed the global period issue with CMS staff upon release of the Final Rule. On October 31, you were informed of this discussion. AMA staff subsequently convened discussions with your staff to assure them that CMS understands that you will be surveying the codes with 090 day global periods. It is understood that there is currently no other methodology that would appropriately measure these services based on magnitude estimation. Surgical specialties submitting coding changes for major surgical procedures will benefit most by retaining a voice in valuation of these services during this transition process.

Thank you for reaching out to me to convey your concerns. I would offer that AMA staff can assist you in conducting effective surveys, particularly with the use of the Qualtrics system, updated to include the latest improvements and revisions implemented by the RUC at the September 2014 meeting.

Sincerely,

Barbara S. Levy, MD

cc: David W. Parke, MD
David Nielsen, MD

AMA/Specialty Society RVS Update Committee Summary of Recommendations
010-Day Global Post-Operative Visits Screen

January 2015

Dilation and Probing of Lacrimal and Nasolacrimal Duct

In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with >1.5 office visits and 2012 Medicare utilization > 1,000. CPT codes 68801, 68810 and 68815 were surveyed for work and the practice expense was reviewed for the September 2014 RUC meeting**.** However, the RUC agreed that CPT codes 68811 and 68816 are also part of this code family and were left off in error. The RUC requested that the specialty re-survey with the appropriate survey instrument for the January 2015 RUC meeting.

68801 ***Dilation of lacrimal punctum, with or without irrigation***

The RUC reviewed the survey results from 55 ophthalmologists and optometrists and agreed on the following physician time components: pre-service time of 7 minutes (with 14 minutes less evaluation time, 1 minute of additional positioning time and 3 minutes less scrub, dress and wait time relative to the standard 6A pre-time package), intra-service time of 5 minutes and immediate post-service time of 5 minutes (post-service package 7A minus 13 minutes). The pre-time was reduced relative to the standard package, as this service is typically done in the office setting in conjunction with a separate E/M visit. The pre-service time includes 2 minutes to allow for positioning of the conscious patient and 2 minutes for the administration of topical anesthesia. The RUC agreed with the specialty that one 99212 office visit during the 010-day global period is justified in order to examine the patient and see if there is patency of the lacrimal system.
`

The RUC reviewed the survey 25th percent work RVU of 1.10 and agreed with the specialty societies that the current value of 1.00 is appropriate for this service. The RUC compared the survey code to CPT code 64611 *Chemodenervation of parotid and submandibular salivary glands, bilateral* (work RVU= 1.03, 5 minutes of intra-service time, 36 minutes of total time) and noted that since the codes have identical intra-service times, the same number and level of office visits, and similar total times, the similar work values are justified. Additionally, the RUC compared the survey code to CPT code 65778 *Placement of amniotic membrane on the ocular surface; without sutures* (work RVU= 1.19, 5 minutes of intra-service time and 31 minutes of total time) and noted that the survey code has identical intra-service times, the same number and level of office visits, and a similar total time, and is therefore, correctly valued similarly to 65778.

The RUC observed that the previous time data resulted in a negative IWPUT, so maintaining the work RVU, while using the new survey times addresses this anomaly. **The RUC recommends a work RVU of 1.00 for CPT code 68801.**

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68810 ***Probing of nasolacrimal duct, with or without irrigation;***

The RUC reviewed the survey results from 44 ophthalmologists and optometrists and agreed on the following physician time components: pre-service time of 12 minutes, with 12 minutes less evaluation time and 1 minute of additional positioning time relative to the standard 6A pre-time package, intra-service time of 10 minutes and immediate post-service time of 5 minutes (post-service package 7A minus 13 minutes). The pre-time was reduced relative to the standard package, as this service is typically done in the office setting in conjunction with a separate E/M visit. The pre-service time is greater than for 68801, because the eye and nasolacrimal system takes longer to anesthetize and position the patient to be able to pass the probe comfortably. The pre-service time includes 2 minutes to allow for positioning of the conscious patient and 5 minutes for the administration of topical anesthesia. The RUC agreed with the specialty that one 99212 office visit during the 010-day global period is justified in order to examine the patient and see if there is patency of the lacrimal system.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 1.54 is appropriate. The RUC compared the survey code to top key reference code 68840 *Probing of lacrimal canaliculi, with or without irrigation* (work RVU= 1.30, intra-service time of 10 minutes and total time of 39 minutes) and noted that both codes have identical intra-service time, whereas the survey code has a longer total time, justifying a somewhat higher RVU. Additionally, the RUC compared the survey code to CPT code 64615 *Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)* (work RVU= 1.85, pre-service time of 15 minutes, intra-service time of 15 minutes and post-service time of 5 minutes) and noted that the reference code has more intra-service, whereas the survey code has a longer total time, justifying a somewhat lower RVU for the survey code. **The RUC recommends a work RVU of 1.54 for CPT code 68810.**

68811 ***Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia***

The RUC reviewed the survey results from 30 ophthalmologists and agreed on the following physician time components: pre-service time of 25 minutes (standard 1b pre-time package), intra-service time of 10 minutes and immediate post-service time of 13.5 minutes (post-service package 9A minus 16.5 minutes). The pre-service time is greater than for 68810 because, unlike 68810, is not performed in conjunction with a separate E/M and the procedure is performed in a facility under general anesthesia. The RUC agreed with the specialty that a ½ day discharge visit (99238) is appropriate for this procedure that is typically performed in a facility. The RUC also concurred with the specialty that one 99211 office visit during the 010-day global period is justified in order to examine the patient and see if there is patency of the lacrimal system. The patient is typically a young child, which also contributes to the added complexity.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty that the survey median work RVU of 2.03 is appropriate. The RUC compared the survey code to top key reference code 68840 *Probing of lacrimal canaliculi, with or without irrigation*

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(work RVU= 1.30, intra-service time of 10 minutes and total time of 39 minutes) and noted that both codes have identical intra-service time, whereas the survey code has almost twice as much total time, justifying a higher RVU. Additionally, the RUC compared the survey code to MPC code 11641 *Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm* (work RVU= 2.17, pre-service time of 15 minutes, intra-service time of 20 minutes and post-service time of 5 minutes) and noted that the survey code has lower intra-service time, and is therefore, appropriately valued somewhat lower than 11641.**The RUC recommends a work RVU of 2.03 for CPT code 68811.**

68815 ***Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent***

The RUC reviewed the survey results from 63 ophthalmologists and ocular plastic surgeons and agreed with the specialty on the following physician time components: pre-service time of 25 minutes (standard pre-time package 1B), intra-service time of 20 minutes and post-service time of 12 minutes (post-time package 9A minus 18 minutes). The RUC acknowledged that like 68811, this service is typically done in a facility, not with a separate E/M visit and under general anesthesia. The societies subtracted 18 minutes from the standard post-time package in order to match the survey results. The RUC agreed with the specialty that a ½ day discharge visit (99238) is appropriate for this procedure that is typically performed in a facility. The RUC also concurred that two 99212 office visit during the 010-day global period are justified in order to reflect the increased complexity of managing the patient with the stent in place. The patient is typically a young child, which also contributes to the added complexity.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the median work RVU of 3.00 is appropriate. The RUC compared the survey code to CPT code 58120 *Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)* (work RVU= 3.59, intra-service time of 25 minutes and total time of 129 minutes) and noted that since the survey code has a lower intra-service time and less total time (116 minutes vs. 129 minutes), a somewhat lower work RVU for the survey code is justified. Additionally, the RUC compared the survey code to MPC code 11623 *Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm* (work RVU= 3.11, intra-service time of 30 minutes and total time of 93 minutes) and noted that with less intra-service time, though more total time, the survey code is appropriately valued comparably to MPC code 11623. **The RUC recommends a work RVU of 3.00 for CPT code 68815.**

68816 ***Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation***

The RUC reviewed the survey results and agreed on the following physician time components: pre-service time of 25 minutes (standard 1B pre-time package), intra-service time of 20 minutes and immediate post-service time of 12 minutes (post-service package 9A minus 18 minutes). The RUC acknowledged that like 68811 and 68815, this service is typically done in a facility, not with a separate E/M visit and under general

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anesthesia. This code is similar in work to 68811 but takes more time because of the need to cycle the inflation and deflation of the balloon to relieve the obstruction. The RUC agreed with the specialty that a ½ day discharge visit (99238) is appropriate for this procedure that is typically performed in a facility. The RUC also concurred that one 99211 office visit during the 010-day global period is justified.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey median work RVU of 2.35 is appropriate. The RUC compared the survey code to MPC code 11641 *Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm* (work RVU= 2.17, pre-service time of 15 minutes, intra-service time of 20 minutes and post-service time of 5 minutes) and noted that the services have identical intra-service time, though the survey code has higher total time, and is therefore, appropriately valued somewhat higher than 11641. Additionally, the RUC compared the survey code to MPC code 11623 *Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm* (work RVU= 3.11, intra-service time of 30 minutes and total time of 93 minutes) and noted that with less intra-service time and total time, the survey code is appropriately valued less compared to MPC code 11623. **The RUC recommends a work RVU of 2.35 for CPT code 68816.**

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with the following modifications as approved by the Practice Expense Subcommittee:

- The RUC standard for 0 and 10 day codes is no pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that a pre-service standard time allocation of 18 minutes for the non-facility and 30 minutes for facility based procedures may apply to a select number of codes. The specialty determined and the RUC agreed that these services require extensive use of clinical staff time in the facility setting. The services require some subset of the 18 minutes for extensive use of clinical staff time in the nonfacility setting.
- The quantity of supply item lidocaine 2% w-epi Inj (zylocaine w-epi) ml (SH049) was revised to 5 for CPT codes 68810, 68815 and 68816 only (line 73).
- The specialty revised all equipment minute calculations to include the appropriate line items, with the understanding that the equipment minute calculations should not include post-operative visit time for items only used during the procedure, such as basic surgical pack (EQ137) and design for vision loupes (EQ176) in CPT code 68801.
- Equipment time for the light, surgical (EF014) was removed from CPT code 68816, since a light source is already available in equipment item Fiberoptic Exam Light w/ source (EQ170).

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CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
68801	Dilation of lacrimal punctum, with or without irrigation	010	1.00 (No Change)
68810	Probing of nasolacrimal duct, with or without irrigation;	010	1.54
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	010	2.03
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	010	3.00
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	010	2.35

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:68801 Tracking Number Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
Global Period: 010 RUC Recommended RVU: **1.00**

CPT Descriptor: Dilation of lacrimal punctum, with or without irrigation

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient presents with chronic tearing. Examination reveals stenotic lacrimal punctate. Topical anesthesia is administered. The interior and superior puncta are dilated with a punctal dilator.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 2%, In the office 98%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 38%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The surgeon reviews the preoperative workup, including history, physical examination and laboratory studies. The operative eye is marked by the surgeon. The patient's questions are addressed and informed consent is obtained. The patient is positioned. A surgical time-out is taken. Topical and/or local anesthesia are given around the punctae and lacrimal sac areas.

Description of Intra-Service Work: Commercially available lacrimal dilators of various sizes are pushed gently into the upper and lower punctae. The lacrimal system can be irrigated with a lacrimal cannula placed in one of the puncta to demonstrate patency.

Description of Post-Service Work: The surgeon discusses the procedure with the patient. Instructions on activity limitations and follow-up are given and explained. A note is placed in the patient's medical record and an operative report is completed. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	AAO-Stephen A. Kamenetzky, MD, and David B. Glasser, MD AOA-Charlie Fitzpatrick. OD		
Specialty(s):	Ophthalmology/optometry		
CPT Code:	68801		
Sample Size:	920	**Resp N:** 55	**Response:** 5.9 %
Description of Sample:	Random sample of U.S. members from the membership database of both the Academy, and the AOA		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**30.00**	60.00	400.00
Survey RVW:	0.80	1.10	**1.25**	1.33	3.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	1.00	3.00	**5.00**	7.50	20.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	68801	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**17.00**	**-14.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**2.00**	**5.00**	**-3.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	16.00	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
68840	010	1.30	**RUC Time**

CPT Descriptor Probing of lacrimal canaliculi, with or without irrigation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
11440	010	1.05	**RUC Time**

CPT Descriptor Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11400	010	0.90	**RUC Time**	42,262

CPT Descriptor 1 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11440	010	1.05	**RUC Time**	39,977

CPT Descriptor 2 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
64611	010	1.03	**RUC Time**

CPT Descriptor Chemodenervation of parotid and submandibular salivary glands, bilateral

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 65.4 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 68801	Top Key Reference CPT Code: 68840	2nd Key Reference CPT Code: **11440**
Median Pre-Service Time	14.00	8.00	5.00
Median Intra-Service Time	5.00	10.00	10.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	16.0	16.00	16.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**40.00**	**39.00**	**36.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.17	0.45
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.14	0.36
Urgency of medical decision making	-0.14	-0.27
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.28	0.18
Physical effort required	-0.31	-0.18
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	-0.36	0.18
Outcome depends on the skill and judgment of physician	-0.08	0.27

Estimated risk of malpractice suit with poor outcome	-0.33	-0.09

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	-0.28	0.18

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code is one member of a family of 10-day global lacrimal system codes targeted for review because of the postoperative global period screen for 10-day global codes. CPT 68801, 68810 and 68815 were identified by the screen; it should be noted that there is a difference in the patient base and physicians providing the services, however, on the recommendation of the RUC, 68811 and 68816 were added as members of the family.

CPT 68801 describes dilation of a lacrimal punctum to improve tear drainage. The procedure is typically performed in the office setting under topical anesthesia. The AAO and AOA jointly surveyed for this code. There were 55 respondents, 89% of whom found the vignette to accurately describe the typical patient. The 50th percentile WRVU was 1.25 and the 25th percentile was 1.10. Median IST was 5 minutes. There was one 99212 visit in the 10-day global period. The code is typically performed with an EM service. The current value of the code is 1.00 WRVU. The primary reference service was CPT 68840 *Probing of lacrimal canaliculi, with or without irrigation* (RUC Aug 2005) with a WRVU of 1.30. This reference procedure includes deeper passage of the probe compared with 68801. The intensity and complexity metrics for the reference code were consistently higher than for the surveyed code. The reference code also has a single 99212 postoperative visit.

The expert panel of the AAO-AOA, which is familiar with the procedure and the RUC process, reviewed the survey findings. There was a robust response and an excellent performance rate. The work of the procedure has not changed for many years. The current code has a negative IWPUT with two office visits in the 10-day global period (one 99211 and one 99212). The panel supports the survey result of one 99212 visit. The survey indicated 20 minutes of pre-service time for evaluation. We have removed that time to avoid overlap with the EM service. We are recommending a total of 7 minutes of pre-service time; 2 minutes to allow for positioning of the patient and 5 minutes for the administration of topical anesthesia. Additionally, we have subtracted 13 minutes of time from post-service package 7A for a total of 5 minutes of post-service work to monitor the patient and prepare an operative report. **We recommend the current value of the code (1.00 WRVU) be maintained. This is below the 25th percentile of the survey.**

In addition to the reference code, there are codes from other specialties that support the recommended value. CPT 64611 *Chemodenervation of parotid and submandibular salivary glands, bilateral, (RUC OCT 2009)* has an RVU of 1.03 and similar times. CPT 64632 *Destruction by neurolytic agent; plantar common digital nerve (RUC April 2008)* has a higher WRVU of 1.23 with times of 10/5/5 and a single 99212 visit in the global period. 68801 is less complex and intense than that procedure which requires an injection into the foot. Code 64640 *Destruction by neurolytic agent; other peripheral nerve or branch RUC Sept 2011)* has the same work value (1.23) as well as 5 minutes of IST.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) This service is typically billed with an office visit; either E/M or eye visit code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes.

3.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99213	3	15	5	23	.97	XXX
9.	99214	5	25	10	40	1.50	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 65000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
43,863 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency 0	Percentage 0.00 %	

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 68801

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:68810 Tracking Number Original Specialty Recommended RVU: **2.15**
Presented Recommended RVU: **1.54**
Global Period: 010 RUC Recommended RVU: **1.54**

CPT Descriptor: Probing of nasolacrimal duct, with or without irrigation;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 48 year old male patient presents with chronic tearing and crusting. Examination and diagnostic studies suggest obstruction of the nasolacrimal duct. The patient undergoes probing of the nasolacrimal duct.

Percentage of Survey Respondents who found Vignette to be Typical: 66%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 16% , In the ASC 27%, In the office 57%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 57%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: This procedure is typically performed on adults in the office. The surgeon reviews the preoperative workup, including history, physical examination and laboratory studies. The operative eye is marked by the surgeon. The patient's questions are addressed and informed consent is obtained. The patient is positioned. A surgical time-out is taken. Topical and/or local anesthesia are given around the punctae and lacrimal sac areas.

Description of Intra-Service Work: The superior and inferior punctae are dilated with a lacrimal dilator. A lacrimal probe is introduced into a punctum, passed through the canaliculus, the common canaliculus, and the lacrimal sac. It is then rotated into the nasolacrimal duct and pushed forward into the nasopharynx. The probe is withdrawn. A lacrimal cannula is placed through the canaliculus and lacrimal sac, positioned in the nasolacrimal duct and fluorescein containing saline is irrigated through the duct into the nasopharynx, where the dye is retrieved to confirm patency.

Description of Post-Service Work: The surgeon discusses the procedure with the patient and family. Instructions on activity limitations and follow-up are given and explained. A note is placed in the patient's medical record and an operative report is completed. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Stephen A. Kamenetzky, MD, and David B. Glasser, MD		
Specialty(s):	Ophthalmology		
CPT Code:	68810		
Sample Size:	670	**Resp N:** 44	**Response:** 6.5 %
Description of Sample:	A random sample of participants was pulled from the Academy and American Society of Ophthalmic Plastic and Reconstructive Surgeons member database.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	50.00	300.00
Survey RVW:	1.00	1.54	**2.18**	2.87	5.25
Pre-Service Evaluation Time:			**22.50**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	0.00	5.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	68810	**Recommended Physician Work RVU: 1.54**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**17.00**	**-12.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	16.00	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
68840	010	1.30	**RUC Time**

CPT Descriptor Probing of lacrimal canaliculi, with or without irrigation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
67840	010	2.09	**RUC Time**

CPT Descriptor Excision of lesion of eyelid (except chalazion) without closure or simple direct closure

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11440	010	1.05	**RUC Time**	39,997

CPT Descriptor 1 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11641	010	2.17	**RUC Time**	54,442

CPT Descriptor 2 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
64615	010	1.85	**RUC Time**

CPT Descriptor Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 54.5 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 11.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 68810	Top Key Reference CPT Code: 68840	2nd Key Reference CPT Code: **67840**
Median Pre-Service Time	12.00	8.00	5.00
Median Intra-Service Time	10.00	10.00	10.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	16.0	16.00	16.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**43.00**	**39.00**	**36.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.63	0.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.58	0.40
Urgency of medical decision making	0.42	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.13	0.60
Physical effort required	0.83	0.20
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.92	0.00
Outcome depends on the skill and judgment of physician	0.92	0.20

Estimated risk of malpractice suit with poor outcome	0.63	-0.20

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.88	0.20

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code CPT 68810 *Probing of nasolacrimal duct, with or without irrigation* is one of the codes in a family chosen for frequency of post-operative visits during the 10-day global period. The family of codes describes procedures for reducing obstruction in the nasolacrimal duct. Commonly this is seen unilaterally. Included in 68810 is the work of 68801 (not separately billed) as the dilation of at least one punctum is needed before the lacrimal probe can be introduced into the distal lacrimal system.

The survey of ophthalmologists, and ocular plastic surgeons had 44 respondents, 66% of whom felt the vignette was typical. The median WRVU was 2.18 and the 25th percentile 1.54. The median IST was 10 minutes. There is one 99212 postoperative visit. The code is typically done with an EM visit on the same day. The current value of the code is 2.15 WRVU. The primary key reference service was CPT 68840 *Probing of lacrimal canaliculi, with or without irrigation* (RUC Aug 2005) with a WRVU of 1.30. It has an IST of 10 minutes, PST of 5 minutes and one 99212 visit.

The expert panel of AAO and American Society of Ocular Plastic and Reconstructive Surgeons, which was familiar with the code and the RUC process, reviewed the results of the survey which had a tight distribution about the median. The work of this code has not changed for many years. The intensity and complexity of the surveyed code was felt to be similar to the reference code for most metrics. The survey indicated 32.5 minutes for pre-service evaluation but this was reduced to 10 minutes to avoid duplication of time with the EM service. The pre-service time here is greater than for 68801 because it takes longer to anesthetize the eye and nasolacrimal duct system and position the patient for this procedure. Post service time was 5 minutes to allow for monitoring of the patient and preparation of the operative report. **The societies recommend the 25th percentile of the survey - 1.54 WRVU, which is less than the current value of 2.15.**

There are codes from other specialties that support this value. CPT 64615 *Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (RUC Feb 2012)* has a value of 1.85, service times of 15/15/5 minutes and no postoperative visits during the global period. Also, CPT 17281 *Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm (RUC Oct 2010)* has times of 9/17/5 and a WRVU of 1.77. It also has one 99212 postoperative visit. These recently reviewed codes have WRVUs greater than our recommendation despite the fact that the times are similar.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☒ Other reason (please explain) This service is typically billed with an office visit; either E/M or eye visit code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes.

3.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99213	3	15	5	23	.97	XXX
9.	99214	5	25	10	40	1.50	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 65000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This procedure is performed more often in the non-Medicare population and we used current RUC database to estimate the overall usage.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 29,630 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 68810

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:68811 Tracking Number Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **2.03**
Global Period: 010 RUC Recommended RVU: **2.03**

CPT Descriptor: Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 4-year-old presents with a 3-year history of crusting, tearing and frequent episodes of conjunctivitis. The patient is taken to the operating room where general anesthesia is begun. The superior and inferior puncta are dilated with a lacrimal dilator. A lacrimal probe is introduced into a punctum, passed through the canaliculus, through the lacrimal sac, through the nasolacrimal duct and into the nasal pharynx. The probe is withdrawn. A lacrimal cannula is placed in the nasolacrimal duct and saline is irrigated through the duct into the nasopharynx.

Percentage of Survey Respondents who found Vignette to be Typical: 23%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 50% , In the ASC 43%, In the office 7%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: This procedure is typically performed on a young child. The surgeon reviews the preoperative workup, including history, physical examination and laboratory studies. The operative eye is marked by the surgeon. The family's questions are addressed and informed consent is obtained. The patient is positioned. A surgical time-out is taken. General anesthesia is administered.

Description of Intra-Service Work: Decongestion of the nasal mucosa with or without anesthetic (e.g., Neo-Synephrine or cocaine) is performed with nasal packing. The superior and inferior lacrimal puncta are dilated. Commercially available lacrimal probes of various diameters are passed through the dilated punctum, canaliculus, nasolacrimal sac and then rotated inferiorly into the nasolacrimal duct and advanced into the nose under the inferior turbinate. A second probe is passed via the nostril and underneath the inferior turbinate and used to establish patency of the system by metal-on metal contact with the probe passed through the nasolacrimal duct. This procedure is performed in both the upper and lower canalicular systems. A syringe fitted with a lacrimal cannula and filled with saline colored with fluorescein dye is irrigated through the lacrimal system and retrieved in the nose via nasal suction catheter. This is to insure patency of the lacrimal system.

Description of Post-Service Work: The surgeon discusses the procedure with the family. Instructions on activity limitations and follow-up are given and explained. A note is placed in the patient's medical record and an operative report is completed. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Stephen A. Kamenetzky, MD and David Glasser, MD				
Specialty(s):	Ophthalmology				
CPT Code:	68811				
Sample Size: 495	**Resp N:** 30	**Response:** 6.0 %			
Description of Sample:	A random sample of participants was pulled from the Academy member database with an interest in Pediatrics.				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	10.00	**18.00**	40.00	100.00
Survey RVW:	1.30	1.50	**2.03**	2.61	9.95
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**12.50**		
Intra-Service Time:	4.00	8.50	**10.00**	15.00	30.00
Immediate Post Service-Time:	**13.50**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**7.00**	99211x **1.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	68811	**Recommended Physician Work RVU: 2.03**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**13.50**	**30.00**	**-16.50**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	7.00	99211x **1.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
68840	010	1.30	**RUC Time**

CPT Descriptor Probling of lacrimal canaliculi, with or without irrigation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66761	010	3.00	**RUC Time**

CPT Descriptor Iridotomy/iridectomt by laser surgery (eg, for glaucoma) (per session)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11440	010	1.05	**RUC Time**	39,997

CPT Descriptor 1 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11641	010	2.17	**RUC Time**	54,442

CPT Descriptor 2 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
64615	010	1.85	**RUC Time**

CPT Descriptor Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 60.0 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 68811	Top Key Reference CPT Code: 68840	2nd Key Reference CPT Code: 66761
Median Pre-Service Time	25.00	8.00	7.00
Median Intra-Service Time	10.00	10.00	10.00
Median Immediate Post-service Time	13.50	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	7.0	16.00	39.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**74.50**	**39.00**	**66.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.72	0.60
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.33	0.20
Urgency of medical decision making	0.44	-0.80
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.83	1.00
Physical effort required	0.78	0.80
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.00	1.20
Outcome depends on the skill and judgment of physician	0.61	0.80

Estimated risk of malpractice suit with poor outcome	0.72	-0.20

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.89	1.20

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code CPT 68811 *Probing of nasolacrimal duct, with or without irrigation requiring general anesthesia* is one of the codes in a family chosen for frequency of post-operative visits during the 10-day global period. The family of codes describes procedures for reducing obstruction in the nasolacrimal duct. Commonly this is performed unilaterally. However, unlike 68810, the patient is a child and the procedure is performed in a facility under general anesthesia. Included in 68811 is the work of 68801 as the dilation of at least one punctum is needed before the lacrimal probe can be introduced into the distal lacrimal system, similar to that performed for 68810.

The survey of ophthalmologists, pediatric ophthalmologists and oculoplastic surgeons had 30 respondents, 23% of whom felt the vignette was typical. The median WRVU was 2.03 and the 25th percentile 1.50. The median IST was 10 minutes. There is one 99211 postoperative visit. The current value of the code is 2.45 WRVU. The primary key reference service was CPT 68840 *Probing of lacrimal canaliculi, with or without irrigation* (RUC Aug 2005) with a WRVU of 1.30. It has an IST of 10 minutes, PST of 5 minutes and one 99212 visit.

The expert panel of the AAO, the American Academy of Pediatric Ophthalmology and Strabismus and the American Society of Ocular Plastic and Reconstructive Surgeons, which was familiar with the code and the RUC process, reviewed the results of the survey, which had a reasonable distribution about the median. The work of this code has not changed for many years. The issue with the vignette not being typical was due to the survey respondents feeling that the typical patient should have been younger, usually about 1 year of age. However, this was the age in the current RUC vignette and the panel felt that the work value would be the same for a 4 year old or a 1 year old under general anesthesia. The intensity and complexity of the surveyed code was felt to be similar to the reference code for most metrics. Preservice package 1B was chosen for this procedure. The pre-service time here is greater than for 68810 because of the use of general anesthesia and the fact that the service does not occur with an E/M visit. Post service package 9A was used and the time reduced to match the survey median time. **The societies recommend the 25th percentile of the survey - 1.50 WRVU, which is less than the current value of 2.45 and essentially the same as our recommendation for 68810, which is the same procedure in an adult.**

There are codes from other specialties that support this value. CPT 64615 *Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (RUC Feb 2012)* has a value of 1.85, times of 15/15/5 and no postoperative visits during the global period. Also, CPT 17281 *Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm (RUC Oct 2010)* has times of 9/17/5 and a WRVU of 1.77. It also has one 99212 postoperative visit. These recently-reviewed codes both have WRVU greater than our recommendation despite the fact that the times are similar.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 621
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number N/A

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:68815 Tracking Number Original Specialty Recommended RVU: **2.30**
Presented Recommended RVU: **2.30**
Global Period: 010 RUC Recommended RVU: **3.00**

CPT Descriptor: Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 4-year-old presents with a 3-year history of crusting, tearing, and frequent episodes of conjunctivitis.

Percentage of Survey Respondents who found Vignette to be Typical: 65%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 46% , In the ASC 52%, In the office 2%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 48%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 11%

Description of Pre-Service Work:
The surgeon reviews the preoperative workup, including history, physical examination and laboratory studies. The operative eye is marked by the surgeon. The patient's and family's questions are addressed and informed consent is obtained. The patient is positioned. A surgical time-out is taken. Topical and/or local anesthesia are given around the punctae and lacrimal sac areas if under local anesthesia. Otherwise, the patient is placed under general anesthesia.

Description of Intra-Service Work: The superior and inferior punctae are dilated with a lacrimal dilator. A lacrimal probe is introduced into a punctum, passed through the canaliculus, the common canaliculus, and the lacrimal sac. It is then rotated into the nasolacrimal duct and pushed forward into the nasopharynx. Presence in the nose is confirmed by touch or visualization. The probe is withdrawn. The lacrimal drainage system is then probed with probes attached to silicone tubing through both the upper and lower lacrimal passages and into the nose beneath the inferior turbinate. The end of each metal rod is retrieved from the nose and the length of silicone tubing is withdrawn. The procedure is performed in both the upper and lower canalicular systems. The tubing is knotted inside the nostril. The knotted ends are sutured to the inside of the alae of the nose for removal at a later date.

Description of Post-Service Work: The surgeon discusses the procedure with the patient and family. Instructions on activity limitations and follow-up are given and explained. A note is placed in the patient's medical record and an operative report is completed. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Stephen A. Kamenetzky, MD, and David B. Glasser, MD		
Specialty(s):	Ophthalmology		
CPT Code:	68815		
Sample Size:	1165	**Resp N:** 63	**Response:** 5.4 %
Description of Sample:	A random sample of participants was pulled from the Academy with an interest in Pediatrics as well as American Society of Ophthalmic Plastic and Reconstructive Surgeons member database.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	32.50	300.00
Survey RVW:	1.50	2.30	**3.00**	3.53	10.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**32.00**	99211x **0.00** 12x **2.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	68815	**Recommended Physician Work RVU: 3.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**12.00**	**30.00**	**-18.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	32.00	99211x **0.00** 12x **2.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
68840	010	1.30	**RUC Time**

CPT Descriptor Probing of lacrimal canaliculi, with or without irrigation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66761	010	3.00	**RUC Time**

CPT Descriptor Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11601	010	2.07	**RUC Time**	32,927

CPT Descriptor 1 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11642	010	2.62	**RUC Time**	124,178

CPT Descriptor 2 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
12051	010	2.33	**RUC Time**

CPT Descriptor Repair intermediate wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 27 **% of respondents:** 42.8 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 23.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 68815	Top Key Reference CPT Code: 68840	2nd Key Reference CPT Code: **66761**
Median Pre-Service Time	25.00	8.00	7.00
Median Intra-Service Time	20.00	10.00	10.00
Median Immediate Post-service Time	12.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	32.0	16.00	39.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**108.00**	**39.00**	**66.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.22	0.73
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.15	0.47
Urgency of medical decision making	0.85	-0.13
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.70	1.60
Physical effort required	1.44	1.40
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.37	0.87
Outcome depends on the skill and judgment of physician	1.63	1.27
Estimated risk of malpractice suit with poor outcome	1.19	0.73

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.74	1.40

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT 66815 *Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent* is one of the codes in a family chosen for review because of the number of visits during the 10-day global period. The code describes a procedure for opening an obstruction in the nasolacrimal duct and then leaving a stent (usually a silicone tube) in place to keep the passage open while healing. This procedure is done in both adults and children. The vignette describes a child under general anesthesia. This procedure is also used in conjunction with other lacrimal and/or eyelid reconstructive procedures in adults under local anesthesia or monitored anesthetic care. Typically this service is performed unilaterally in a facility. Included in the procedure is the work of both 66801and 68810 (or 66811) as both dilation of the punctum and probing of the system are required before a stent can be placed.

Sixty-five percent of the 45 survey respondents indicated that the vignette was typical. The median performance rate was 20. The median WRVU was 3.00 and the 25th percentile 2.30. The median IST was 20 minutes. Pre-service package 1B was used which has less time than the surveyed time. We subtracted 13 minutes from the standard post-time package to match the survey. There are two 99212 visits reflecting the increased complexity of managing the patient with the stent in place. The current value of the code is 3.30 WRVU, not including a half-day discharge exam. The IST is 40 minutes with two 99212 visits. The primary key reference service was CPT 68840 *Probing of lacrimal canaliculi, with or without irrigation* (RUC Aug 2005) with a WRVU of 1.30. It has an IST of 10 minutes, PST of 5 minutes and one 99212 visit.

The expert panel of the AAO, which was familiar with the procedure and the RUC process, reviewed the survey results. There have been no major changes in the work of the procedure over many years. The intensity and complexity of the surveyed code is higher than the reference code and the intra-service time is double. This is due to the fact that placement of the stent typically involves threading it through both the upper and lower canalicular systems and retrieving and securing it in the nose. There is also an additional postoperative visit compared with the reference procedure. **The panel is recommending the 25th percentile of the survey (2.30 WRVU), which is less than the current value of the code (3.30 WRVU).**

There are codes from procedures performed by other specialties that support this value. CPT 11641 *Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm (RUC Aug 2005)* has a WRVU of 2.17 and IST of 20 minutes. CPT 12051 *Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less (RUC Oct 2010)* has a RVU of 2.33 and identical intra-service time. It also has a single 99212 visit.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 10000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 68815

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:68816 Tracking Number Original Specialty Recommended RVU: **1.75**
Presented Recommended RVU: **1.75**
Global Period: 010 RUC Recommended RVU: **2.35**

CPT Descriptor: Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 14-month old patient has the diagnosis of nasolacrimal duct obstruction which has been unresolved for six months.

Percentage of Survey Respondents who found Vignette to be Typical: 72%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 56% , In the ASC 44%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 21%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The patient history, physical exam, and any required preoperative tests are reviewed. The parents and the patient if age appropriate are counseled in the preoperative area. Active dacryocystitis is ruled out. The preoperative interval history, note and exam are documented in the patient record. The surgeon answers any additional questions. Then patient co-morbidities associated with anesthesia are discussed. The operative consent form is reviewed and the operative side is confirmed and marked. The surgeon confirms that the correct diameter balloon catheter and inflation device are available in the operating suite.

Description of Intra-Service Work: The inferior meatus is packed with cottonoids soaked in phenylephrine. The puncta are dilated. The nasolacrimal system is probed and the presence of the probe in the nose is confirmed by visualizing the probe in the nasopharynx or touching the probe with a second probe. Irrigating saline tinted with fluorescein may be irrigated and recovered from in the nose. The probe is removed. A deflated balloon catheter is passed through the superior punctum, canalicular system and into the nasolacrimal duct to the nasal floor. Presence of the balloon catheter in the nose is confirmed. An inflation device is filled with sterile water or saline, connected to the balloon catheter, and the balloon is inflated for 90 seconds. The balloon is then deflated for 60 seconds. The inflation procedure is repeated a second time for 60 seconds, again the balloon is deflated. The balloon is retracted 5 mm, thereby positioned within the lacrimal sac and the proximal nasolacrimal duct. The balloon is inflated and deflated again for two cycles using the method described above. The balloon is deflated fully. The catheter is then rotated clockwise to minimize the profile of the deflated balloon, and withdrawn from the lacrimal system.

Description of Post-Service Work: The surgeon discusses the procedure with the patient and family. Instructions on activity limitations and follow-up are given and explained. A note is placed in the patient's medical record and an operative report is completed. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Stephen A. Kamenetzky, MD and David Glasser, MD				
Specialty(s):	Ophthalmology				
CPT Code:	68816				
Sample Size:	495	**Resp N:** 25	**Response:** 5.0 %		
Description of Sample:	A random sample of participants was pulled from the Academy member database with an interest in Pediatrics as well as members from ASOPRS.				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**4.00**	20.00	40.00
Survey RVW:	1.40	1.75	**2.35**	3.00	25.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	7.00	15.00	**20.00**	25.00	60.00
Immediate Post Service-Time:	**12.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**7.00**	99211x **1.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	68816	**Recommended Physician Work RVU: 1.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**12.00**	**30.00**	**-18.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	7.00	99211x **1.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
68840	010	1.30	**RUC Time**

CPT Descriptor Probing of lacrimal canaliculi, with or without irrigation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66761	010	3.00	**RUC Time**

CPT Descriptor Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11440	010	1.05	**RUC Time**	39,997

CPT Descriptor 1 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11641	010	2.17	**RUC Time**	54,442

CPT Descriptor 2 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
64615	010	1.85	**RUC Time**

CPT Descriptor Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 56.0 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 68816	Top Key Reference CPT Code: 68840	2nd Key Reference CPT Code: **66761**
Median Pre-Service Time	25.00	8.00	7.00
Median Intra-Service Time	20.00	10.00	10.00
Median Immediate Post-service Time	12.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	7.0	16.00	39.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**83.00**	**39.00**	**66.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.86	0.80
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.93	0.60
Urgency of medical decision making	0.50	-0.60
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.14	1.00
Physical effort required	1.14	0.60
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.00	1.00
Outcome depends on the skill and judgment of physician	1.21	0.80

Estimated risk of malpractice suit with poor outcome	0.79	8.00

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.29	1.40

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code CPT 68816 *Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation* is one of the codes in a family chosen for frequency of post-operative visits during the 10-day global period. The family of codes describes procedures for reducing obstruction in the nasolacrimal duct. The typical patient is an infant. The procedure is performed a facility under general anesthesia. Included in 68816 is the work of 68801 and 68811 as the dilation of at least one punctum is needed before the lacrimal probe/ lacrimal dilator can be introduced into the lacrimal system and the device must be passed into the nose to complete the procedure. This procedure is not commonly performed and the survey minimum was not achieved despite considerable outreach to the survey population.

The survey of pediatric and general ophthalmologists had 25 respondents, 72% of whom felt the vignette was typical. The median WRVU was 2.35 and the 25th percentile 1.75. The median IST was 20 minutes. There was one 99211 postoperative visit. The current value of the code is 3.06 WRVU. The primary key reference service was CPT 68840 *Probing of lacrimal canaliculi, with or without irrigation* (RUC Aug 2005) with a WRVU of 1.30. It has an IST of 10 minutes, PST of 5 minutes and one 99212 visit. Preservice package 1b and post-service package 9a were used with time adjusted to the post-service time to conform to the survey results.

The expert panel of AAO and American Society of Ocular Plastic and Reconstructive Surgeons, which was familiar with the code and the RUC process, reviewed the results of this small survey consistent with the low volume of the procedure being reviewed. This was new technology when it was introduced in 2007. The procedure has not changed since then. The panel felt that the survey fairly represented the increment of increased work for this code and preserved rank order in physician work. The intensity and complexity of surveyed code were higher than the key reference code. The values were lower for most metrics when compared to the second key reference service which has a higher work value. **The societies recommend the 25th percentile of the survey 1.75 WRVU, which is significantly less than the current value of 3.06.**

This code is similar in work to 68811 but takes more time because of the need to cycle the inflation and deflation of the balloon to relieve the obstruction. There are codes from other specialties that support this value. CPT 64615 *Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (RUC Feb 2012)* has a value of 1.85, times of 15/15/5 and no postoperative visits during the global period. Also, CPT 17281 *Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm (RUC Oct 2010)* has times of 9/17/5 and a WRVU of 1.77. It also has one 99212 postoperative visit. These recently-reviewed codes both have WRVU in the range we are recommending with times that are either shorter or close to the same as the surveyed code.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 700
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 312
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number N/A

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Red Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.
Hide columns and rows that do not contain data.
REF = Key Reference code data
CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.
SVY = Survey data - as it appears on the Summary of Recommendation form.
REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

American Academy of Ophthalmology
ISSUE: Lacrimal Codes
TAB: 23

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	68840	Explore/ Irrigate Tear	67	0.053			1.30			39	5	3				10			5															1					
CURRENT	68801	Dilate Tear Duct Opening	12	-0.026			1.00			62	18					11			10															1	1				
SVY	68801	Dilate Tear Duct Opening	55	0.052	0.80	1.10	1.25	1.33	3.00	45	15	3	2	1	3	5	7.5	20	4															1					
REC	68801	Dilate Tear Duct Opening	55	0.056			1.00			33	3	2	2			5			5															1					

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	68840	Explore/ Irrigate Tear	67	0.053			1.30			39	5	3				10			5															1					
CURRENT	68810	Probe nasolacrimal	33	0.070			2.15			67	10	5	5			10			5															2					
SVY	68810	Probe nasolacrimal	44	0.093	1.00	1.54	2.18	2.87	5.25	63.5	22.5	5	5	0	5	10	15	30	5															1					
REC	68810	Probe nasolacrimal	44	0.075			1.54			43	5	2	5			10			5															1					

TAB:

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	68840	Explore/Irrigate Tear	67	0.053			1.30			39	5	3				10			5															1					
CURRENT	68811	Probe nasolacrimal	42	0.016			2.45			105	30					23			20															2					
SVY	68811	Probe nasolacrimal	30	0.013	1.30	1.50	2.03	2.61	9.95	92	25	5	12.5	4	9	10	15	30	13.5				0.5												1				
REC	68811	Probe nasolacrimal	30	0.042			2.03			74.5	19	1	5			10			13.5				0.5												1				

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	68840	Explore/ Irrigate Tear	67	0.053			1.30			39	5	3				10			5															1					
CURRENT	68815	Probe nasolacrimal	38	0.025			3.30			132	40					40			20															2					
SVY	68815	Probe nasolacrimal	63	0.013	1.50	2.30	3.00	3.53	10.00	128	30	5	10	5	15	20	30	60	12				0.5												2				
REC	68815	Probe nasolacrimal	63	0.032			3.00			108	19	1	5			20			12				0.5												2				

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	68840	Explore/ Irrigate Tear	67	0.053			1.30			39	5	3				10			5															1					
CURRENT	68816	Probe nl duct w/balloon	33	0.027			3.06			121	10	5	15			25			15				0.5											2					
SVY	68816	Probe nl duct w/balloon	25	0.023	1.40	1.75	2.35	3.00	25.00	103	25	5	15	7	15	20	25	60	12				0.5												1				
REC	68816	Probe nl duct w/balloon	25	0.039			2.35			83	19	1	5			20			12				0.5												1				

23
Tab Number

Lacrimal Probing Codes
Issue

68801-68816
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Steve Kamentsky
Signature

Stephan A. Kamentskzy, M.D.
Printed Signature

American Academy Ophthalmology
Specialty Society

January 5, 2015
Date

Tab 23
Tab Number

Implantation of cornea ring
Issue

68801-68816
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

David B. Glasser, M.D.
Printed Signature

American Academy of Ophthalmology
Specialty Society

January 5, 2015
Date

23__
Tab Number

Lacrimal Punctal Dilation
Issue

68801_
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Charles Fitzpatrick OD_____
Printed Signature

American Optometric Association_____
Specialty Society

January 5, 2015_____
Date

CPT Code: 68801
Specialty Society(‘s) AAO and AOA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Dilation of lacrimal punctum, with or without irrigation

Global Period: 010 Meeting Date: 01/2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment. We then work with the representatives of the American Optometric Association to ensure accuracy and consensus regarding the PE inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Staff completes pre-service diagnostic & referral forms
Pre-surgery services are coordinated
Provide pre-service education and consent of the patient
Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities: Because this service is performed typically with an E/M visit, intra-service clinical activities except those associated with the intra-service portion of the procedure are included as part of the office visit.

Post-Service Clinical Labor Activities: All post-service clinical labor activities are included with the office visit.

CPT Code: 68801
Specialty Society('s) AAO and AOA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Dilation of lacrimal punctum, with or without irrigation

Global Period: 010 Meeting Date: 01/2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment. We then work with the representatives of the American Optometric Association to ensure accuracy and consensus regarding the PE inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Staff completes pre-service diagnostic & referral forms
- Pre-surgery services are coordinated
- Schedule space and equipment in facility
- Provide pre-service education and consent of the patient
- Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities: When this service is performed in the facility, no intra-service clinical activities are included in the physician practice expense.

Post-Service Clinical Labor Activities: The majority of immediate post-service clinical labor activities are included with the office visit except for time for discharge management of the patient.

CPT Code: 68810
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Probing of nasolacrimal duct, with or without irrigation

Global Period: 010 Meeting Date: 01/ 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Staff completes pre-service diagnostic & referral forms
Pre-surgery services are coordinated
Provide pre-service education and consent of the patient
Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities: Because this service is performed typically with an E/M visit, intra-service clinical activities except those associated with the intra-service portion of the procedure are included as part of the office visit.

Post-Service Clinical Labor Activities: All post-service clinical labor activities are included with the office visit.

CPT Code: 68810
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Probing of nasolacrimal duct, with or without irrigation

Global Period: 010 Meeting Date: 01/2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Staff completes pre-service diagnostic & referral forms
- Pre-surgery services are coordinated
- Schedule space and equipment in facility
- Provide pre-service education and consent of the patient
- Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities: When this service is performed in the facility, no intra-service clinical activities are included in the physician practice expense.

Post-Service Clinical Labor Activities: The majority of immediate post-service clinical labor activities are included with the office visit except for time for discharge management of the patient.

CPT Code: 68811
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent

Global Period: 010 Meeting Date: 01/2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Staff completes pre-service diagnostic & referral forms
Pre-surgery services are coordinated
Provide pre-service education and consent of the patient
Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities:
Greet patients, provide gown, ensure appropriate medical records are available
Obtain vital signs
Prepare room, equipment and supplies
Assist physician during the procedure

Post-Service Clinical Labor Activities:
Clean room/equipment
Clean surgical instrument package

CPT Code: 68811
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent

Global Period: 010 Meeting Date: 01/2015

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3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Staff completes pre-service diagnostic & referral forms
- Pre-surgery services are coordinated
- Schedule space and equipment in facility
- Provide pre-service education and consent of the patient
- Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities:
When this service is performed in the facility, no intra-service clinical activities are included in the physician practice expense.

Post-Service Clinical Labor Activities:
The majority of immediate post-service clinical labor activities in the facility are included with the office visit except for time for discharge management of the patient.

CPT Code: 68815
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent

Global Period: 010 Meeting Date: 01/2015

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3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Staff completes pre-service diagnostic & referral forms
Pre-surgery services are coordinated
Provide pre-service education and consent of the patient
Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities:
Greet patients, provide gown, ensure appropriate medical records are available
Obtain vital signs
Prepare room, equipment and supplies
Assist physician during the procedure

Post-Service Clinical Labor Activities:
Clean room/equipment
Clean surgical instrument package

CPT Code: 68815
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent

Global Period: 010 Meeting Date: 01/2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

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Pre-Service Clinical Labor Activities:

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- Schedule space and equipment in facility
- Provide pre-service education and consent of the patient
- Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities:
When this service is performed in the facility, no intra-service clinical activities are included in the physician practice expense.

Post-Service Clinical Labor Activities:
The majority of immediate post-service clinical labor activities in the facility are included with the office visit except for time for discharge management of the patient.

CPT Code: 68816
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent

Global Period: 010 Meeting Date: 01/2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

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Pre-Service Clinical Labor Activities:
Staff completes pre-service diagnostic & referral forms
Pre-surgery services are coordinated
Provide pre-service education and consent of the patient
Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities:
Greet patients, provide gown, ensure appropriate medical records are available
Obtain vital signs
Prepare room, equipment and supplies
Assist physician during the procedure

Post-Service Clinical Labor Activities:
Clean room/equipment
Clean surgical instrument package

CPT Code: 68816
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent

Global Period: 010 Meeting Date: 01/2015

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Pre-Service Clinical Labor Activities:

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Intra-Service Clinical Labor Activities:
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Post-Service Clinical Labor Activities:
The majority of immediate post-service clinical labor activities in the facility are included with the office visit except for time for discharge management of the patient.

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE				REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68801**		**68801**		**68810**	
3	**Meeting Date: Jan 29, 2015** **Tab: 23** **Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Dilate Tear Duct Opening		Dilate Tear Duct Opening		Probe Nasolacrimal Duct	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**	**10**	**10**
6	**TOTAL CLINICAL LABOR TIME**	**L038A**		**86.0**	**73.0**	**52.0**	**63.0**	**106.0**	**84.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**18.0**	**30.0**	**10.0**	**30.0**	**18.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**25.0**	**0.0**	**15.0**	**6.0**	**34.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**43.0**	**43.0**	**27.0**	**27.0**	**54.0**	**54.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms	**L038A**	**MT/COT/RN/C**	**5**	**5**	**3**	**5**	**5**	**5**
13	Coordinate pre-surgery services	**L038A**	**MT/COT/RN/C**	**3**	**10**		**10**	**3**	**10**
14	Schedule space and equipment in facility	**L038A**	**MT/COT/RN/CST**		**5**		**5**		**5**
15	Provide pre-service education/obtain consent	**L038A**	**MT/COT/RN/C**	**7**	**7**	**7**	**7**	**7**	**7**
16	Follow-up phone calls & prescriptions	**L038A**	**MT/COT/RN/C**	**3**	**3**		**3**	**3**	**3**
17	*Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L038A**	**MT/COT/RN/C**	**3**				**3**	
22	Obtain vital signs	**L038A**	**MT/COT/RN/C**	**3**				**3**	
23	Provide pre-service education/obtain consent								
24	Prepare room, equipment, supplies	**L038A**	**MT/COT/RN/CST**						
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV								
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure	**L038A**	**MT/COT/RN/C**	**6**		**5**		**15**	
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff	**L038A**	**MT/COT/RN/C**	**3**				**3**	
36	Clean Scope								
37	Clean Surgical Instrument Package	**L038A**	**MT/COT/RN/C**	**10**		**10**		**10**	
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
41	*Other Clinical Activity - *specify:*								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	**L038A**	**MT/COT/RN/C**				**6**		
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)								
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)								
45	**End: Patient leaves office**								

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE				REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68801**		**68801**		**68810**	
3	**Meeting Date: Jan 29, 2015** **Tab: 23** **Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Dilate Tear Duct Opening		Dilate Tear Duct Opening		Probe Nasolacrimal Duct	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**	**10**	**10**
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes	**L038A**	**16**	**1**	**1**				
51	99212 27 minutes	**L038A**	**27**	**1**	**1**	**1**	**1**	**2**	**2**
52	99213 36 minutes		**36**						
53	99214 53 minutes		**53**						
54	99215 63 minutes		**63**						
55	**Total Office Visit Time**			**43.0**	**43.0**	**27.0**	**27.0**	**54.0**	**54.0**
56	*Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	Ophthalmology visit package w/o dilation	SA050	pack	**3**	**2**	**1**	**1**	**3**	**2**
60	Povidone soln (Betadine)	SJ041	ml					**5**	
61	Mask, surgical, with face shield	SB034	item						
62	Gown, staff, impervious, disposable	SB027	item						
63	Surgical cap	SB001	item						
64	Gloves, sterile	SB024	pair					**1**	
65	Shoe covers	SB039	pair						
66	Drape, sterile, For Mayo Stand	SB012	item						
67	Drape, sterile, U	SB015	item						
68	Drape/cover, sterile, For O.R.Light Handle	SB016	item						
69	Betadine Swabstick (3 pack) uou	SJ043	item					**1**	
70	Syringe, 5-6ml	SC057	item					**1**	
71	Needle, 18 to 27 g	SC029	item						
72	Needle, 30 g	SC031	item						
73	Lidocaine 2% w-epi Inj (zylocaine w-epi) ml	SH049	ml					**1**	
74	Cocaine 4% solution, topical	SH025	ml						
75	Balanced salt soln (BSS) (15ml uou)	SH078	item					**1**	
76	Gauze, Sterile 4" x 4" (10 pack uou)	SG056	item					**1**	
77	Applicators, cotton tipped, sterile, 6in.	SG081	item	**6**		**6**		**6**	
78	Erythromycin ophth oint (3.5gm uou)	SH032	item					**1**	
79	Tape, Surgical paper 1" (micropore)	SG079	inch						
80	Eye pad, sterile, strabismus	SG046	item						
81	Lacrimal duct stent-tube set	SD179	item						
82	Oxymetazoline nasal spray (Afrin) (15ml uou)	SG037	item						
83	Pack, cleaning, surgical Instruments	SA043	pack	**1**		**1**		**1**	
84	Cottonoids	SG031	item						
85	Phenylephrine 2.5% ophth (Mydfrin)	SH056	ml						
86	**Catheter, balloon, lacrimal**	**SD220**	**item**						
87	**EQUIPMENT**	**CODE**							
88	Screening Lane (time)	**EL006**	**time**	**58.0**	**43.0**	**32.0**	**27.0**	**85.0**	**54.0**
89	Basic Surgical Pack	**EQ137**	**time**	**58.0**		**15.0**		**85.0**	
90	Design for Vision Loupes	**EQ176**	**time**	**58.0**		**5.0**		**85.0**	
91	Fiberopic Exam Light w/ source	**EQ170**	**time**						
92	Suction machine (Gomco)	**EQ235**	**time**						
93	Pulse oximeter w-printer	**EQ211**	**time**						
94	Light, surgical	**EF014**	**time**						
95	Table, power	**EF031**	**time**						

	A	B	C	J	K	L	M	N	O
1						REFERENCE CODE			
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3	**Meeting Date: Jan 29, 2015** **Tab: 23** **Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Probe Nasolacrimal Duct		Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent		Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**	**10**	**10**
6	**TOTAL CLINICAL LABOR TIME**	**L038A**		**57.0**	**63.0**	**131.0**	**84.0**	**110.0**	**90.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**10.0**	**30.0**	**18.0**	**30.0**	**15.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**20.0**	**6.0**	**59.0**	**0.0**	**41.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**27.0**	**27.0**	**54.0**	**54.0**	**54.0**	**54.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms	**L038A**	**MT/COT/RN/C**	**3**	**5**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	**L038A**	**MT/COT/RN/C**		**10**	**3**	**10**		**10**
14	Schedule space and equipment in facility	**L038A**	**MT/COT/RN/C**		**5**		**5**		**5**
15	Provide pre-service education/obtain consent	**L038A**	**MT/COT/RN/C**	**7**	**7**	**7**	**7**	**7**	**7**
16	Follow-up phone calls & prescriptions	**L038A**	**MT/COT/RN/C**		**3**	**3**	**3**	**3**	**3**
17	*Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L038A**	**MT/COT/RN/C**			**3**		**3**	
22	Obtain vital signs	**L038A**	**MT/COT/RN/C**			**3**		**3**	
23	Provide pre-service education/obtain consent								
24	Prepare room, equipment, supplies	**L038A**	**MT/COT/RN/C**					**2**	
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV								
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure	**L038A**	**MT/COT/RN/C**	**10**		**40**		**20**	
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff	**L038A**	**MT/COT/RN/C**			**3**		**3**	
36	Clean Scope								
37	Clean Surgical Instrument Package	**L038A**	**MT/COT/RN/C**	**10**		**10**		**10**	
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
41	*Other Clinical Activity - *specify:*								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	**L038A**	**MT/COT/RN/C**		**6**				**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)								
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)								
45	**End: Patient leaves office**								

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1						REFERENCE CODE			
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3	**Meeting Date: Jan 29, 2015** **Tab: 23** **Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Probe Nasolacrimal Duct		Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent		Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**	**10**	**10**
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes	**L038A**	**16**						
51	99212 27 minutes	**L038A**	**27**	**1**	**1**	**2**	**2**	**2**	**2**
52	99213 36 minutes		**36**						
53	99214 53 minutes		**53**						
54	99215 63 minutes		**63**						
55	**Total Office Visit Time**			**27.0**	**27.0**	**54.0**	**54.0**	**54.0**	**54.0**
56	*Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	Ophthalmology visit package w/o dilation	SA050	pack	**1**	**1**	**3**	**2**	**3**	**2**
60	Povidone soln (Betadine)	SJ041	ml			**5**			
61	Mask, surgical, with face shield	SB034	item			**1**		**1**	
62	Gown, staff, impervious, disposable	SB027	item			**1**		**1**	
63	Surgical cap	SB001	item			**1**		**1**	
64	Gloves, sterile	SB024	pair	**1**		**1**		**1**	
65	Shoe covers	SB039	pair			**1**		**1**	
66	Drape, sterile, For Mayo Stand	SB012	item			**1**		**1**	
67	Drape, sterile, U	SB015	item			**1**		**1**	
68	Drape/cover, sterile, For O.R.Light Handle	SB016	item			**1**			
69	Betadine Swabstick (3 pack) uou	SJ043	item	**1**		**1**		**1**	
70	Syringe, 5-6ml	SC057	item	**1**		**1**		**1**	
71	Needle, 18 to 27 g	SC029	item	**1**		**1**		**1**	
72	Needle, 30 g	SC031	item	**1**		**1**		**1**	
73	Lidocaine 2% w-epi Inj (zylocaine w-epi) ml	SH049	ml	**5**		**1**		**5**	
74	Cocaine 4% solution, topical	SH025	ml			**1**			
75	Balanced salt soln (BSS) (15ml uou)	SH078	item	**1**		**1**		**1**	
76	Gauze, Sterile 4" x 4" (10 pack uou)	SG056	item	**1**		**1**		**1**	
77	Applicators, cotton tipped, sterile, 6in.	SG081	item	**6**		**10**		**10**	
78	Erythromycin ophth oint (3.5gm uou)	SH032	item	**1**		**1**		**1**	
79	Tape, Surgical paper 1" (micropore)	SG079	inch			**12**		**12**	
80	Eye pad, sterile, strabismus	SG046	item			**2**		**2**	
81	Lacrimal duct stent-tube set	SD179	item			**1**		**1**	
82	Oxymetazoline nasal spray (Afrin) (15ml uou)	SG037	item	**1**				**1**	
83	Pack, cleaning, surgical Instruments	SA043	pack	**1**		**1**		**1**	
84	Cottonoids	SG031	item	**3**				**3**	
85	Phenylephrine 2.5% ophth (Mydfrin)	SH056	ml						
86	**Catheter, balloon, lacrimal**	**SD220**	**item**						
87	**EQUIPMENT**	**CODE**							
88	Screening Lane (time)	**EL006**	**time**	**37.0**	**27.0**	**110.0**	**54.0**	**85.0**	**54.0**
89	Basic Surgical Pack	**EQ137**	**time**	**20.0**		**110.0**		**41.0**	
90	Design for Vision Loupes	**EQ176**	**time**	**10.0**		**110.0**		**31.0**	
91	Fiberopic Exam Light w/ source	**EQ170**	**time**	**10.0**		**110.0**		**31.0**	
92	Suction machine (Gomco)	**EQ235**	**time**					**31.0**	
93	Pulse oximeter w-printer	**EQ211**	**time**						
94	Light, surgical	**EF014**	**time**						
95	Table, power	**EF031**	**time**						

	A	B	C	P	Q	R	S	T	U
1				REFERENCE CODE				REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68811**		**68811**		**68816**	
3	**Meeting Date: Jan 29, 2015 Tab: 23 Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia		Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia		Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**	**10**	**10**
6	**TOTAL CLINICAL LABOR TIME**	**L038A**		**0.0**	**90.0**	**0.0**	**52.0**	**118.0**	**90.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**0.0**	**30.0**	**0.0**	**30.0**	**18.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**0.0**	**6.0**	**0.0**	**6.0**	**46.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**0.0**	**54.0**	**0.0**	**16.0**	**54.0**	**54.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms	**L038A**	**MT/COT/RN/C**		**5**		**5**	**5**	**5**
13	Coordinate pre-surgery services	**L038A**	**MT/COT/RN/C**		**10**		**10**	**3**	**10**
14	Schedule space and equipment in facility	**L038A**	**MT/COT/RN/C**		**5**		**5**		**5**
15	Provide pre-service education/obtain consent	**L038A**	**MT/COT/RN/C**		**7**		**7**	**7**	**7**
16	Follow-up phone calls & prescriptions	**L038A**	**MT/COT/RN/C**		**3**		**3**	**3**	**3**
17	*Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L038A**	**MT/COT/RN/C**					**3**	
22	Obtain vital signs	**L038A**	**MT/COT/RN/C**					**3**	
23	Provide pre-service education/obtain consent								
24	Prepare room, equipment, supplies	**L038A**	**MT/COT/RN/C**						
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV								
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure	**L038A**	**MT/COT/RN/C**	**N/A**				**40**	
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff	**L038A**	**MT/COT/RN/C**						
36	Clean Scope								
37	Clean Surgical Instrument Package	**L038A**	**MT/COT/RN/C**						
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
41	*Other Clinical Activity - *specify:*								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	**L038A**	**MT/COT/RN/C**		**6**		**6**		**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)								
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)								
45	**End: Patient leaves office**								

	A	B	C	P	Q	R	S	T	U
1				REFERENCE CODE				REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68811**		**68811**		**68816**	
3	**Meeting Date: Jan 29, 2015** **Tab: 23** **Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia		Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia		Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**	**10**	**10**
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes	**L038A**	**16**				**1**		
51	99212 27 minutes	**L038A**	**27**		**2**			**2**	**2**
52	99213 36 minutes		**36**						
53	99214 53 minutes		**53**						
54	99215 63 minutes		**63**						
55	**Total Office Visit Time**			**0.0**	**54.0**	**0.0**	**16.0**	**54.0**	**54.0**
56	*Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	Ophthalmology visit package w/o dilation	SA050	pack		**2**		**1**	**3**	**2**
60	Povidone soln (Betadine)	SJ041	ml						
61	Mask, surgical, with face shield	SB034	item						
62	Gown, staff, impervious, disposable	SB027	item						
63	Surgical cap	SB001	item						
64	Gloves, sterile	SB024	pair					**1**	
65	Shoe covers	SB039	pair						
66	Drape, sterile, For Mayo Stand	SB012	item						
67	Drape, sterile, U	SB015	item						
68	Drape/cover, sterile, For O.R.Light Handle	SB016	item						
69	Betadine Swabstick (3 pack) uou	SJ043	item					**1**	
70	Syringe, 5-6ml	SC057	item					**1**	
71	Needle, 18 to 27 g	SC029	item					**1**	
72	Needle, 30 g	SC031	item					**1**	
73	Lidocaine 2% w-epi Inj (zylocaine w-epi) ml	SH049	ml					**1**	
74	Cocaine 4% solution, topical	SH025	ml						
75	Balanced salt soln (BSS) (15ml uou)	SH078	item					**1**	
76	Gauze, Sterile 4" x 4" (10 pack uou)	SG056	item						
77	Applicators, cotton tipped, sterile, 6in.	SG081	item					**10**	
78	Erythromycin ophth oint (3.5gm uou)	SH032	item					**1**	
79	Tape, Surgical paper 1" (micropore)	SG079	inch						
80	Eye pad, sterile, strabismus	SG046	item						
81	Lacrimal duct stent-tube set	SD179	item						
82	Oxymetazoline nasal spray (Afrin) (15ml uou)	SG037	item						
83	Pack, cleaning, surgical Instruments	SA043	pack					**1**	
84	Cottonoids	SG031	item						
85	Phenylephrine 2.5% ophth (Mydfrin)	SH056	ml					**1**	
86	**Catheter, balloon, lacrimal**	**SD220**	**item**					**1**	
87	**EQUIPMENT**	**CODE**							
88	Screening Lane (time)	**EL006**	**time**		**54.0**		**16.0**	**97.0**	**54.0**
89	Basic Surgical Pack	**EQ137**	**time**					**97.0**	
90	Design for Vision Loupes	**EQ176**	**time**					**97.0**	
91	Fiberopic Exam Light w/ source	**EQ170**	**time**					**97.0**	
92	Suction machine (Gomco)	**EQ235**	**time**					**97.0**	
93	Pulse oximeter w-printer	**EQ211**	**time**					**97.0**	
94	Light, surgical	**EF014**	**time**					**97.0**	
95	Table, power	**EF031**	**time**					**97.0**	

	A	B	C	V	W
1					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68816**	
3	**Meeting Date: Jan 29, 2015** **Tab: 23** **Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter	
4	**LOCATION**			**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**
6	**TOTAL CLINICAL LABOR TIME**	**L038A**		**72.0**	**52.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L038A**	**)MT/COT/RN/C**	**15.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L038A**	**)MT/COT/RN/C**	**41.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L038A**	**)MT/COT/RN/C**	**16.0**	**16.0**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Complete pre-service diagnostic & referral forms	**L038A**	**)MT/COT/RN/C**	**5**	**5**
13	Coordinate pre-surgery services	**L038A**	**)MT/COT/RN/C**		**10**
14	Schedule space and equipment in facility	**L038A**	**)MT/COT/RN/C**		**5**
15	Provide pre-service education/obtain consent	**L038A**	**)MT/COT/RN/C**	**7**	**7**
16	Follow-up phone calls & prescriptions	**L038A**	**)MT/COT/RN/C**	**3**	**3**
17	*Other Clinical Activity - *specify:*				
18	**End: When patient enters office/facility for surgery/procedure**				
19	**SERVICE PERIOD**				
20	**Start: When patient enters office/facility for surgery/procedure:**				
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L038A**	**)MT/COT/RN/C**	**3**	
22	Obtain vital signs	**L038A**	**)MT/COT/RN/C**	**3**	
23	Provide pre-service education/obtain consent				
24	Prepare room, equipment, supplies	**L038A**	**)MT/COT/RN/C**	**2**	
25	Setup scope (non facility setting only)				
26	Prepare and position patient/ monitor patient/ set up IV				
27	Sedate/apply anesthesia				
28	*Other Clinical Activity - specify:				
29	**Intra-service**				
30	Assist physician in performing procedure	**L038A**	**)MT/COT/RN/C**	**20**	
31	Assist physician/moderate sedation (% of physician time)				
32	**Post-Service**				
33	Monitor pt. following moderate sedation				
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)				
35	Clean room/equipment by physician staff	**L038A**	**)MT/COT/RN/C**	**3**	
36	Clean Scope				
37	Clean Surgical Instrument Package	**L038A**	**)MT/COT/RN/C**	**10**	
38	Complete diagnostic forms, lab & X-ray requisitions				
39	Review/read X-ray, lab, and pathology reports				
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				
41	*Other Clinical Activity - *specify:*				
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	**L038A**	**)MT/COT/RN/C**		**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)				
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)				
45	**End: Patient leaves office**				

	A	B	C	V	W
1					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68816**	
3	**Meeting Date: Jan 29, 2015** **Tab: 23** **Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter	
4	**LOCATION**			**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**
46	**POST-SERVICE Period**				
47	**Start: Patient leaves office/facility**				
48	Conduct phone calls/call in prescriptions				
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**
50	99211 16 minutes	**L038A**	**16**	**1**	**1**
51	99212 27 minutes	**L038A**	**27**		
52	99213 36 minutes		**36**		
53	99214 53 minutes		**53**		
54	99215 63 minutes		**63**		
55	**Total Office Visit Time**			**16.0**	**16.0**
56	*Other Clinical Activity - *specify:*				
57	**End: with last office visit before end of global period**				
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**		
59	Ophthalmology visit package w/o dilation	SA050	pack	**2**	**1**
60	Povidone soln (Betadine)	SJ041	ml		
61	Mask, surgical, with face shield	SB034	item		
62	Gown, staff, impervious, disposable	SB027	item	**1**	
63	Surgical cap	SB001	item	**1**	
64	Gloves, sterile	SB024	pair	**1**	
65	Shoe covers	SB039	pair	**1**	
66	Drape, sterile, For Mayo Stand	SB012	item		
67	Drape, sterile, U	SB015	item		
68	Drape/cover, sterile, For O.R.Light Handle	SB016	item		
69	Betadine Swabstick (3 pack) uou	SJ043	item	**1**	
70	Syringe, 5-6ml	SC057	item	**1**	
71	Needle, 18 to 27 g	SC029	item	**1**	
72	Needle, 30 g	SC031	item	**1**	
73	Lidocaine 2% w-epi Inj (zylocaine w-epi) ml	SH049	ml	**5**	
74	Cocaine 4% solution, topical	SH025	ml		
75	Balanced salt soln (BSS) (15ml uou)	SH078	item	**1**	
76	Gauze, Sterile 4" x 4" (10 pack uou)	SG056	item	**1**	
77	Applicators, cotton tipped, sterile, 6in.	SG081	item	**10**	
78	Erythromycin ophth oint (3.5gm uou)	SH032	item	**1**	
79	Tape, Surgical paper 1" (micropore)	SG079	inch		
80	Eye pad, sterile, strabismus	SG046	item		
81	Lacrimal duct stent-tube set	SD179	item		
82	Oxymetazoline nasal spray (Afrin) (15ml uou)	SG037	item	**1**	
83	Pack, cleaning, surgical Instruments	SA043	pack	**1**	
84	Cottonoids	SG031	item		
85	Phenylephrine 2.5% ophth (Mydfrin)	SH056	ml		
86	**Catheter, balloon, lacrimal**	**SD220**	**item**	**1**	
87	**EQUIPMENT**	**CODE**			
88	Screening Lane (time)	**EL006**	**time**	**16.0**	**16.0**
89	Basic Surgical Pack	**EQ137**	**time**	**41.0**	
90	Design for Vision Loupes	**EQ176**	**time**	**31.0**	
91	Fiberopic Exam Light w/ source	**EQ170**	**time**	**31.0**	
92	Suction machine (Gomco)	**EQ235**	**time**	**31.0**	
93	Pulse oximeter w-printer	**EQ211**	**time**	**31.0**	
94	Light, surgical	**EF014**	**time**	**0.0**	
95	Table, power	**EF031**	**time**		

September 2014 Recommendation

AMA/Specialty Society RVS Update Committee Summary of Recommendations
010-Day Global Post-Operative Visits Screen

September 2014

Dilation and Probing of Lacrimal and Nasolacrimal Duct

In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with >1.5 office visits and 2012 Medicare utilization data over 1,000. The RUC requested these services be surveyed for work and review the practice expense for the September 2014 RUC meeting.

The RUC agreed that CPT codes 68811 and 68816 are also part of this code family and were left off in error. Therefore, the RUC recommendations for physician work and time are interim. The RUC requested that the specialty re-survey with the appropriate survey instrument for the January 2015 RUC meeting.

68801 ***Dilation of lacrimal punctum, with or without irrigation***
The RUC reviewed the survey results from 76 ophthalmologists and optometrists and agreed on the following physician time components: pre-service time of 4 minutes (with 17 minutes less evaluation time, 1 minute of additional positioning time and 3 minutes less scrub, dress and wait time relative to the standard 6A pre-time package), intra-service time of 5 minutes and immediate post-service time of 5 minutes (post-service package 7A minus 13 minutes). The pre-time was reduced relative to the standard package, as this service is typically done in the office setting in conjunction with a separate E/M visit. The pre-service time includes 2 minutes to allow for positioning of the conscious patient and 2 minutes for the administration of topical anesthesia. The RUC agreed with the specialty that one 99212 office visit during the 010-day global period is justified in order to examine the patient and see if there is patency of the lacrimal system.

The RUC reviewed the survey 25th percent work RVU of 1.04 and agreed with the specialty societies that the current value of 1.00 is appropriate for this service. The RUC compared the survey code to CPT code 64611 *Chemodenervation of parotid and submandibular salivary glands, bilateral* (work RVU= 1.03, 5 minutes of intra-service time, 36 minutes of total time) and noted that since the codes have identical intra-service times, the same number and level of office visits, and similar total times, the similar work values are justified. Additionally, the RUC compared the survey code to CPT code 65778 *Placement of amniotic membrane on the ocular surface; without sutures* (work RVU= 1.19, 5 minutes of intra-service time and 31 minutes of total time) and noted that the survey code has identical intra-service times, the same number and level of

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office visits, and a similar total time, and is therefore, correctly valued similarly to 65778. **The RUC recommends an interim work RVU of 1.00 for CPT code 68801.**

68810 ***Probing of nasolacrimal duct, with or without irrigation;***
The RUC reviewed the survey results from 46 ophthalmologists and ocular plastic surgeons and agreed with the specialty on the following physician time components: pre-service time of 17 minutes, with 7 minutes less evaluation time and 1 minute of additional positioning time relative to the standard 6A pre-time package, intra-service time of 15 minutes and immediate post-service time of 5 minutes (post-service package 7A minus 13 minutes). The pre-time was reduced relative to the standard package, as this service is typically done in the office setting in conjunction with a separate E/M visit. The pre-service time is greater than for 68801 because the eye and nasolacrimal system takes longer to anesthetize and position the patient to be able to pass the probe comfortably. The pre-service time includes 2 minutes to allow for positioning of the conscious patient and 5 minutes for the administration of topical anesthesia. The RUC agreed with the specialty that one 99212 office visit during the 010-day global period is justified in order to examine the patient and see if there is patency of the lacrimal system.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 1.95 is appropriate. The RUC compared the survey code to MPC code 11641 *Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm* (work RVU= 2.17, pre-service time of 15 minutes, intra-service time of 20 minutes and post-service time of 5 minutes) and noted that the survey code has lower intra-service time and total time, and is therefore, appropriately valued somewhat lower than 11641. Additionally, the RUC compared the survey code to CPT code 64615 *Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)* (work RVU= 1.85, pre-service time of 15 minutes, intra-service time of 15 minutes and post-service time of 5 minutes) and noted that both codes have identical intra-service time, whereas the survey code has a longer total time, justifying a somewhat higher RVU. **The RUC recommends an interim work RVU of 1.95 for CPT code 68810.**

68815 ***Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent***
The RUC reviewed the survey results from 45 ophthalmologists and ocular plastic surgeons and agreed with the specialty on the following physician time components: pre-service time of 25 minutes (standard pre-time package 1B), intra-service time of 25 minutes and post-service time of 15 minutes (post-time package 8A minus 10 minutes). The RUC acknowledged that unlike the other survey codes in the family, this service is typically done in a facility, not with a separate E/M visit and under general anesthesia. The societies subtracted 10 minutes from the standard post-time package in order to match the survey results. The RUC agreed with the specialty that a ½ day discharge visit (99238) is appropriate for this procedure that is typically performed in a facility. The RUC also concurred that two 99212 office visit during the 010-day global period are justified in order to reflect the increased complexity of managing the patient with the stent in place. The patient is typically a young child, which also contributes to the added complexity.

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The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 3.06 is appropriate. The RUC compared the survey code to CPT code 58120 *Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)* (work RVU= 3.59, intra-service time of 25 minutes and total time of 129 minutes) and noted that since both services have identical intra-service time and the survey code has less total time (116 minutes vs. 129 minutes), a somewhat lower work RVU for the survey code is justified. Additionally, the RUC compared the survey code to MPC code 11623 *Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm* (work RVU= 3.11, intra-service time of 30 minutes and total time of 93 minutes) and noted that with less intra-service time, though more total time, the survey code is appropriately valued comparably to MPC code 11623. **The RUC recommends an interim work RVU of 3.06 for CPT code 68815.**

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The RUC reviewed and approved the interim direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.

CPT Code (•New)	**CPT Descriptor**	**Global Period**	**Work RVU Recommendation**
68801	Dilation of lacrimal punctum, with or without irrigation	010	1.00 (Interim) (No Change)
68810	Probing of nasolacrimal duct, with or without irrigation;	010	1.95 (Interim)
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	010	3.06 (Interim)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code: 68801 Tracking Number Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
Global Period: 010 RUC Recommended RVU: **1.00**

CPT Descriptor: Dilation of lacrimal punctum, with or without irrigation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient presents with chronic tearing. Examination reveals stenotic lacrimal punctae. Topical anesthesia is administered. The inferior and superior punctae are dilated with a punctal dilator.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 1%, In the office 99%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The surgeon reviews the preoperative workup, including history, physical examination and laboratory studies. The operative eye is marked by the surgeon. The patient's questions are addressed and informed consent is obtained. The patient is positioned. A surgical time-out is taken. Topical and/or local anesthesia are given around the punctae and lacrimal sac areas.

Description of Intra-Service Work: Commercially available lacrimal dilators of various sizes are pushed gently into the upper and lower punctae. The lacrimal system can be irrigated with a lacrimal cannula placed in one of the puncta to demonstrate patency.

Description of Post-Service Work: The surgeon discusses the procedure with the patient. Instructions on activity limitations and follow-up are given and explained. A note is placed in the patient's medical record and an operative report is completed. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	AAO-Stephen A. Kamenetzky, MD, and David B. Glasser, MD AOA-Charlie Fitzpatrick. OD				
Specialty(s):	Ophthalmology/Optometry				
CPT Code:	68801				
Sample Size:	785	**Resp N:** 76	**Response:** 9.6 %		
Description of Sample:	Random sample of U.S. members from the membership database of both the Academy, and the AOA				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	6.00	**19.00**	50.00	300.00
Survey RVW:	0.45	1.04	**1.25**	1.30	5.40
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	1.00	5.00	**5.00**	10.00	30.00
Immediate Post Service-Time:	**5.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	68801	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**17.00**	**-17.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**2.00**	**5.00**	**-3.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	16.00	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
68840	010	1.30	**RUC Time**

CPT Descriptor Probing of lacrimal canaliculi, with or without irrigation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11400	010	0.90	**RUC Time**	42,262

CPT Descriptor 1 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11440	010	1.05	**RUC Time**	39,977

CPT Descriptor 2 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
64611	010	1.03	**RUC Time**

CPT Descriptor Chemodenervation of parotid and submandibular salivary glands, bilateral

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 61 **% of respondents:** 80.2 **%**

CPT Code: 68801

TIME ESTIMATES (Median)

	CPT Code: 68801	Key Reference CPT Code: 68840	Source of Time RUC Time
Median Pre-Service Time	4.00	8.00	
Median Intra-Service Time	5.00	10.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	16.0	16.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**30.00**	**39.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)

(of those that selected Key Reference code)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.93	3.07
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.82	2.93
Urgency of medical decision making	2.10	2.16

Technical Skill/Physical Effort (Mean)

Technical skill required	3.15	3.39
Physical effort required	2.48	2.69

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2.31	2.54
Outcome depends on the skill and judgment of physician	2.85	3.20
Estimated risk of malpractice suit with poor outcome	2.26	2.36

INTENSITY/COMPLEXITY MEASURES

Time Segments (Mean)

	CPT Code	Reference Service 1
Pre-Service intensity/complexity	2.52	2.62
Intra-Service intensity/complexity	2.90	3.15

Post-Service intensity/complexity	2.23	2.36

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code is one member of a family of 10-day global lacrimal system codes targeted for review because of two visits during the postoperative global period.

This code describes dilation of a lacrimal punctum to improve tear drainage. The procedure is typically performed in the office setting under topical anesthesia. The AAO and AOA jointly surveyed for this code. There were 76 respondents, 89% of whom found the vignette to accurately describe the typical patient. The 50th percentile WRVU was 1.25 and the 25th percentile was 1.04. Median IST was 5 minutes. There was one 99212 visit in the 10-day global period. The code is typically performed with an EM service. The current value of the code is 1.00 WRVU. The primary reference service was CPT 68840 *Probing of lacrimal canaliculi, with or without irrigation* (RUC Aug 2005) with a WRVU of 1.30. This reference procedure includes deeper passage of the probe compared with 68801. The intensity and complexity metrics for the reference code were consistently higher than for the surveyed code. It has a single 99212 postoperative visit.

The expert panel of the AAO-AOA, which is familiar with the procedure and the RUC process, reviewed the survey findings. There was a robust response and an excellent performance rate. The work of the procedure has not changed for many years. The current code has a negative IWPUT with two office visits in the 10-day global period (one 99211 and one 99212). The panel supports the survey result of one 99212 visit. The survey indicated 20 minutes of pre-service time for evaluation. We have removed that time to avoid overlap with the EM service. We are recommending a total of 7 minutes of pre-service time; 2 minutes to allow for positioning of the patient and 5 minutes for the administration of topical anesthesia. Additionally, we have subtracted 13 minutes of time from post-service package 7A for a total of 5 minutes of post-service work to monitor the patient and prepare an operative report. **We recommend the current value of the code (1.00 WRVU) be maintained. This is just below the 25th percentile of the survey.**

In addition to the reference code, there are codes from other specialties that support the recommended value. CPT 64611 *Chemodenervation of parotid and submandibular salivary glands, bilateral, (RUC OCT 2009)* has an RVU of 1.03 and similar times. CPT 64632 *Destruction by neurolytic agent; plantar common digital nerve (RUC April 2008)* has a WRVU of 1.23 with times of 10/5/5 and a single 99212 visit in the global period. 68801 is less complex and intense than that procedure which requires an injection into the foot. Code 64640 *Destruction by neurolytic agent; other peripheral nerve or branch RUC Sept 2011)* has the same work value and times.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☒ Other reason (please explain) This service is typically billed with an office visit; either E/M or eye visit code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes.

		CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
3.	3.							
4.	4.	92002	5	15	5	25	.88	XXX
5.	5.	92004	5	25	10	40	1.82	XXX
6.	6.	92012	5	15	5	25	.92	XXX
7.	7.	92014	5	24	8	37	1.42	XXX
8.	8.	99213	3	15	5	23	.97	XXX
9.	9.	99214	5	25	10	40	1.50	XXX

FREQUENCY INFORMATION

How this service was previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 65000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 43,863 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 68801

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:68810 Tracking Number Original Specialty Recommended RVU: **2.15**
Presented Recommended RVU: **1.95**
Global Period: 010 RUC Recommended RVU: **1.95**

CPT Descriptor: Probing of nasolacrimal duct, with or without irrigation;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 48 year old male patient presents with chronic tearing and crusting. Examination and diagnostic studies suggest obstruction of the nasolacrimal duct. The patient undergoes probing of the nasolacrimal duct.

Percentage of Survey Respondents who found Vignette to be Typical: 63%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 17% , In the ASC 35%, In the office 48%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: This procedure is typically performed on adults in the office. The surgeon reviews the preoperative workup, including history, physical examination and laboratory studies. The operative eye is marked by the surgeon. The patient's questions are addressed and informed consent is obtained. The patient is positioned. A surgical time-out is taken. Topical and/or local anesthesia are given around the punctae and lacrimal sac areas.

Description of Intra-Service Work: The superior and inferior punctae are dilated with a lacrimal dilator. A lacrimal probe is introduced into a punctum, passed through the canaliculus, the common canaliculus, and the lacrimal sac. It is then rotated into the nasolacrimal duct and pushed forward into the nasopharynx. The probe is withdrawn. A lacrimal cannula is placed through the canaliculus and lacrimal sac, positioned in the nasolacrimal duct and fluorescein containing saline is irrigated through the duct into the nasopharynx, where the dye is retrieved to confirm patency.

Description of Post-Service Work: The surgeon discusses the procedure with the patient and family. Instructions on activity limitations and follow-up are given and explained. A note is placed in the patient's medical record and an operative report is completed. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Stephen A. Kamenetzky, MD, and David B. Glasser, MD				
Specialty(s):	Ophthalmology				
CPT Code:	68810				
Sample Size:	680	**Resp N:** 46	**Response:** 6.7 %		
Description of Sample:	A random sample of participants was pulled from the Academy and American Society of Ophthalmic Plastic and Reconstructive Surgeons member database.				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.75	**25.00**	57.50	1000.00
Survey RVW:	1.11	1.95	**2.50**	3.00	7.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	0.00	6.50	**15.00**	20.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	68810	**Recommended Physician Work RVU: 1.95**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**17.00**	**-7.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	16.00	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
68816	010	3.06	**RUC Time**

CPT Descriptor Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11440	010	1.05	**RUC Time**	39,977

CPT Descriptor 1 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11641	010	2.17	**RUC Time**	54,442

CPT Descriptor 2 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
64615	010	1.85	**RUC Time**

CPT Descriptor Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 43.4 **%**

CPT Code: 68810

TIME ESTIMATES (Median)	CPT Code: 68810	Key Reference CPT Code: 68816	Source of Time RUC Time
Median Pre-Service Time	17.00	10.00	
Median Intra-Service Time	15.00	25.00	
Median Immediate Post-service Time	5.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	19.00	
Median Office Visit Time	16.0	32.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**53.00**	**101.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	(of those that selected Key Reference code)	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.35	3.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.10	3.15
Urgency of medical decision making	2.30	2.40
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.60	3.95
Physical effort required	3.20	3.40
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.05	3.30
Outcome depends on the skill and judgment of physician	3.55	3.75
Estimated risk of malpractice suit with poor outcome	2.50	2.75

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.35	3.40
Intra-Service intensity/complexity	3.20	3.65

Post-Service intensity/complexity	2.65	2.75

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code CPT 68810 *Probing of nasolacrimal duct, with or without irrigation* is one of the codes in a family chosen for frequency of visits during the 10-day global period. The family of codes describes procedures for reducing obstruction in the nasolacrimal duct. Commonly this is seen unilaterally and the procedure performed in the office. Included in 68810 is the work of 68801 as the dilation of at least one punctum is needed before the lacrimal probe can be introduced into the lacrimal system.

The survey of ophthalmologists and ocular plastic surgeons had 46 respondents, 63 % of whom felt the vignette was typical. The median WRVU was 2.5 and the 25th percentile 1.95. The median IST was 15 minutes. There is one 99212 postoperative visit. The code is typically done with an EM visit on the same day. The current value of the code is 2.15 WRVU. The reference code chosen CPT *68816 Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation* was reviewed by the RUC in 2007. It has a WRVU of 3.06, which includes a 0.5 WRVU discharge day examination and 2-99212 visits.

The expert panel of the AAO and American Society of Ocular Plastic and Reconstructive Surgeons, which was familiar with the code and the RUC process, reviewed the results of the survey which had a tight distribution about the median. The work of this code has not changed for many years. The intensity and complexity of the reference code was felt to be greater than the surveyed code across all metrics, reflecting the need to probe, remove the probe, then place and manipulate the balloon probe, when compared with a standard single passage of a probe used in the office. The survey indicated 25 minutes for preservice evaluation but this was reduced to 10 minutes to avoid duplication of time with the EM service. The preservice time here is greater than for 68801 because the eye and nasolacrimal system takes longer to anesthetize and position the patient to be able to pass the probe comfortably. Post service time was 5 minutes to allow for monitoring of the patient and preparation of the operative report. **The societies recommend the 25th percentile of the survey - 1.95 WRVU, which is less than the current value of 2.15.**

There are codes from other specialties that support this value. CPT 64615 *Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (RUC Feb 2012)* has a value of 1.85, times of 10/5/5 and no postoperative visits during the global period. Also, CPT 17821 *Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm (RUC Oct 2010)* has times of 9/17/5 and a WRVU of 1.77 and a WRVU of 1.77. It also has one 99212 postoperative visit.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☒ Other reason (please explain) This service is typically billed with an office visit; either E/M or eye visit codes.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes.

3.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99213	3	15	5	23	.97	XXX
9.	99214	5	25	10	40	1.50	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 65000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This procedure is performed more often in the non-Medicare population and we used current RUC database to estimate the overall usage.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 29,630 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 68810

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:68815 Tracking Number Original Specialty Recommended RVU: **3.06**
Presented Recommended RVU: **3.06**
Global Period: 010 RUC Recommended RVU: **3.06**

CPT Descriptor: Probing of nasolacrimal duct, with or without irrigation;with insertion of tube or stent

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 4-year-old presents with a 3-year history of crusting, tearing, and frequent episodes of conjunctivitis.

Percentage of Survey Respondents who found Vignette to be Typical: 78%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 40% , In the ASC 58%, In the office 2%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 33%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 33%

Description of Pre-Service Work: This procedure is done in both adults and children. The vignette describes a child under general anesthesia. This procedure is also used in conjunction with other lacrimal and/or eyelid reconstructive procedures in adults under local anesthesia or monitored anesthetic care.

The surgeon reviews the preoperative workup, including history, physical examination and laboratory studies. The operative eye is marked by the surgeon. The patient's and family's questions are addressed and informed consent is obtained. The patient is positioned. A surgical time-out is taken. Topical and/or local anesthesia are given around the punctae and lacrimal sac areas if under local anesthesia. Otherwise, the patient is placed under general anesthesia.

Description of Intra-Service Work: The superior and inferior punctae are dilated with a lacrimal dilator. A lacrimal probe is introduced into a punctum, passed through the canaliculus, the common canaliculus, and the lacrimal sac. It is then rotated into the nasolacrimal duct and pushed forward into the nasopharynx. Presence in the nose is confirmed by touch or visualization. The probe is withdrawn. The lacrimal drainage system is then probed with probes attached to silicone tubing through both the upper and lower lacrimal passages and into the nose beneath the inferior turbinate. The end of each metal rod is retrieved from the nose and the length of silicone tubing is withdrawn. The procedure is performed in both the upper and lower canalicular systems. The tubing is knotted inside the nostril. The knotted ends are sutured to the inside of the alae of the nose for removal at a later date.

Description of Post-Service Work: The surgeon discusses the procedure with the patient and family. Instructions on activity limitations and follow-up are given and explained. A note is placed in the patient's medical record and an operative report is completed. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014		
Presenter(s):	Stephen A. Kamenetzky, MD, and David B. Glasser, MD		
Specialty(s):	Ophthalmology		
CPT Code:	68815		
Sample Size:	680	**Resp N:** 45	**Response:** 6.6 %
Description of Sample:	A random sample of participants was pulled from the Academy and American Society of Ophthalmic Plastic and Reconstructive Surgeons member database.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	50.00	200.00
Survey RVW:	1.52	3.06	**3.20**	3.50	8.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	20.00	**25.00**	30.00	70.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**32.00**	99211x **0.00** 12x **2.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	68815	**Recommended Physician Work RVU: 3.06**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**25.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	32.00	99211x **0.00** 12x **2.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
68816	010	3.06	**RUC Time**

CPT Descriptor Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catherter dilation

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11642	010	2.62	**RUC Time**	124,178

CPT Descriptor 1 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11623	010	3.11	**RUC Time**	26,350

CPT Descriptor 2 11623 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
58120	010	3.59	**RUC Time**

CPT Descriptor Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 38 **% of respondents:** 84.4 **%**

TIME ESTIMATES (Median)	CPT Code: 68815	Key Reference CPT Code: 68816	Source of Time RUC Time

Median Pre-Service Time	25.00	15.00
Median Intra-Service Time	25.00	25.00
Median Immediate Post-service Time	15.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	19.0	19.00
Median Office Visit Time	32.0	32.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**116.00**	**106.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.50	3.47
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.21	3.16
Urgency of medical decision making	2.66	2.58
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.13	3.95
Physical effort required	3.42	3.37
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.50	3.37
Outcome depends on the skill and judgment of physician	4.08	3.84
Estimated risk of malpractice suit with poor outcome	2.95	2.76

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.32	3.37
Intra-Service intensity/complexity	3.82	3.74
Post-Service intensity/complexity	3.18	3.18

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT 66815 *Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent* is one of the codes in a family chosen for review because of the number of visits during the 10-day global period. The code describes a procedure for reducing obstruction in the nasolacrimal duct and then leaving a stent (usually a silicone tube) in place to keep the passage open while healing. This is typically performed unilaterally and in a facility. Included in the procedure is the work of both 66801and 68810 as both dilation of the punctum and probing of the system are required before a stent can be placed.

The AAO surveyed 45 respondents; 78% felt that the vignette was typical. The median performance rate was 20. The median WRVU was 3.20 and the 25th percentile 3.06. The median IST was 25 minutes. Preservice package 1B was used which has less time than the surveyed time. We subtracted 10 minutes from the standard post-time package to match the survey. There are two 99212 visits reflecting the increased complexity of managing the patient with the stent in place. The current value of the code is 3.30 WRVU, not including a half-day discharge exam. The IST is 40 minutes with 2 99212 visits. The reference code chosen CPT 68816 *Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation* was reviewed by the RUC in 2007. It has a WRVU of 3.06, which includes a 0.5 WRVU discharge day examination and 2-99212 postoperative visits.

The expert panel of the AAO, which was familiar with the procedure and the RUC process, reviewed the survey which had a reasonable distribution around the median. There have been no major changes in the work of the procedure over many years. The intensity and complexity metrics for this code were slightly higher than the reference code due to the additional work of placing and securing the stent, which typically involves passage through both the upper and lower systems. **The panel was comfortable recommending the 25th percentile of the survey - 3.06 WRVU, which is identical to the value of the reference code and less than the current value of the code (3.30 WRVU).**

There are codes from procedures performed by other specialties that support this value. CPT 11623 *Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm (RUC AUG 2005)* has a WRVU of 3.11 with 30 minutes of IST and a single 99213 visit in the global period. This code is also on the MPC list. CPT *11752 Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx (RUC AUG 95)* has a value of 3.63 which includes 3 visits in the global period. The IST for this code is 25 minutes which is identical to the surveyed code. Finally CPT 58120 *Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical) (RUC SEPT 2005)* has a WRVU of 3.59, IST of 25 minutes and one 99213 visit. All of these codes have higher values than the surveyed code with very similar ISTs and postoperative work.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 700
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 312
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 68815

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

REF = Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Probling/dilation nasalacrimal duct

TAB: 15

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	68840	Explore/ Irriga	67	0.053			1.30			39	5	3				10			5															1					
CURRENT	68801	Dilate Tear Du	12	-0.026			1.00			62	18					11			10															1	1				
SVY	68801	Dilate Tear Du	76	-0.103	0.45	1.04	1.25	1.30	5.40	70	20	3	2	1	5	5	10	30	5						0.5									1					
REC			76	0.069			1.00			30	0	2	2			5			5						0.0									1					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	68816	Probe NL Duc	33	0.027			3.06			121	10	5	15			25			15						0.5									2					
CURRENT	68810	Probe Nasolac	33	0.070			2.15			67	10	5	5			10			5															2					
SVY	68810	Probe Nasolac	46	0.037	1.11	1.95	2.50	3.00	7.00	90	25	5	5	0	7	15	20	30	5						0.5									1					
REC				0.070			1.95			53	10	2	5			15			5						0.0									1					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	68816	Probe NL Duc	33	0.027			3.06			121	10	5	15			25			15						0.5									2					
CURRENT	68815	Probe Nasolac	38	0.025			3.30			132	40					40			20															2					
SVY	68815	Probe Nasolac	45	0.011	1.52	3.06	3.20	3.50	8.00	141	30	10	10	5	20	25	30	70	15						0.5									2					
REC				0.025			3.06			116	19	1	5			25			15						0.5									2					

Tab 15
Tab Number

Probing/Dilation nasolacrimal duct
Issue

68810-68815
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

David B. Glasser, M.D.
Printed Signature

American Academy of Ophthalmology
Specialty Society

August 25, 2014
Date

15
Tab Number

Probing/Dilation Nasolacrimal Duct
Issue

68801-68815
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Steve Kamentsky
Signature

Stephan A. Kamentskzy, M.D.
Printed Signature

American Academy Ophthalmology
Specialty Society

August 21, 2014
Date

CPT Code: 68801
Specialty Society('s) AAO and AOA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Dilation of lacrimal punctum, with or without irrigation

Global Period: 010 Meeting Date: Sept. 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment. We then work with the representatives of the American Optometric Association to ensure accuracy and consensus regarding the PE inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Staff completes pre-service diagnostic & referral forms
- Pre-surgery services are coordinated
- Schedule space and equipment in facility
- Provide pre-service education and consent of the patient
- Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities: When this service is performed in the facility, no intra-service clinical activities are included in the physician practice expense.

Post-Service Clinical Labor Activities: The majority of immediate post-service clinical labor activities are included with the office visit except for time for discharge management of the patient.

CPT Code: 68801
Specialty Society(‘s) AAO and AOA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Dilation of lacrimal punctum, with or without irrigation

Global Period: 010 Meeting Date: Sept. 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment. We then work with the representatives of the American Optometric Association to ensure accuracy and consensus regarding the PE inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Staff completes pre-service diagnostic & referral forms
Pre-surgery services are coordinated
Provide pre-service education and consent of the patient
Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities: Because this service is performed typically with an E/M visit, intra-service clinical activities except those associated with the intra-service portion of the procedure are included as part of the office visit.

Post-Service Clinical Labor Activities: All post-service clinical labor activities are included with the office visit.

CPT Code: 68810
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Probing of nasolacrimal duct, with or without irrigation

Global Period: 010 Meeting Date: Sept. 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Staff completes pre-service diagnostic & referral forms
- Pre-surgery services are coordinated
- Schedule space and equipment in facility
- Provide pre-service education and consent of the patient
- Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities: When this service is performed in the facility, no intra-service clinical activities are included in the physician practice expense.

Post-Service Clinical Labor Activities: The majority of immediate post-service clinical labor activities are included with the office visit except for time for discharge management of the patient.

CPT Code: 68815
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent

Global Period: 010 Meeting Date: Sept. 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Staff completes pre-service diagnostic & referral forms
- Pre-surgery services are coordinated
- Schedule space and equipment in facility
- Provide pre-service education and consent of the patient
- Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities:
When this service is performed in the facility, no intra-service clinical activities are included in the physician practice expense.

Post-Service Clinical Labor Activities:
The majority of immediate post-service clinical labor activities in the facility are included with the office visit except for time for discharge management of the patient.

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68801**		**68801**	
3	**Meeting Date: Sept 17, 2014 Tab: 15 Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Dilate tear Duct Opening		Dilate Tear Duct Opening	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**
6	**TOTAL CLINICAL LABOR TIME**	**L038A**		**86.0**	**73.0**	**54.0**	**63.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**18.0**	**30.0**	**12.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**25.0**	**0.0**	**15.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**43.0**	**43.0**	**27.0**	**27.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L038A**	**MT/COT/RN/C**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	**L038A**	**MT/COT/RN/C**	**3**	**10**	**0**	**10**
14	Schedule space and equipment in facility	**L038A**	**MT/COT/RN/CST**		**5**		**5**
15	Provide pre-service education/obtain consent	**L038A**	**MT/COT/RN/C**	**7**	**7**	**7**	**7**
16	Follow-up phone calls & prescriptions	**L038A**	**MT/COT/RN/C**	**3**	**3**	**0**	**3**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L038A**	**MT/COT/RN/C**	**3**			
22	Obtain vital signs	**L038A**	**MT/COT/RN/C**	**3**			
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies	L038A	**MT/COT/RN/CST**				
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	L038A	**MT/COT/RN/C**	**6**		**5**	
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff	L038A	**MT/COT/RN/C**	**3**			
36	Clean Scope						
37	Clean Surgical Instrument Package	L038A	**MT/COT/RN/C**	**10**		**10**	
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L038A	**MT/COT/RN/C**				**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)						
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)						
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68801**		**68801**	
3	**Meeting Date: Sept 17, 2014** **Tab: 15** **Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Dilate tear Duct Opening		Dilate Tear Duct Opening	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes	L038A	16	**1**	**1**		
51	99212 27 minutes	L038A	27	**1**	**1**	**1**	**1**
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**43.0**	**43.0**	**27.0**	**27.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	Ophthalmology visit package w/o dilation	SA050	pack	**3**	**2**	**1**	**1**
60	Betadine cc	SJ041					
61	Surgical mask w/ face shield	SB034					
62	gown, staff, impervious, disposable	SB027					
63	surgical cap	SB001					
64	gloves, sterile (pair)	SB024					
65	shoe co ers (pair)	SB039					
66	Drape, sterile, For Mayo Stand	SB012					
67	Drape, sterile, U	SB015					
68	Drape/cover, sterile, For O.R.Light Handle	SB016					
69	Betadine Swabstick (3 pack)	SJ043					
70	Syringe, 5cc	SC057					
71	Needle, 18 to 24 gauge	SC029					
72	Needle 27 to 30 gauge	SC031					
73	Lidocaine 2% w epi Inj 20ml	SH049					
74	Cocaine 4%, 10cc	SH025					
75	BSS Irrigation 15cc	SH078					
76	Gauze, Sterile 4" x 4" (10 pack)	SG056					
77	Cotton tip applicators, sterile	SG081		**6**		**6**	
78	Erythromycin ointment (half tube)	SH032					
79	Tape, Surgical 1" Width (eg Miropore)/in	SG079					
80	Strabismus eye pads	SG046					
81	Lacrimal tubing or stent	SD179					
82	Afrin nasal spray, 15 cc	SJ037					
83	Pack, cleaning surgical Instruments	SA043		**1**		**1**	
84	cottonoids	SG031					
85	**EQUIPMENT**	**CODE**					
86	Screening Lane (# uses)	EL006		**68**	**43**	**32**	**27**
87	Basic Surgical Pack	EQ137		**25**		**15**	
88	Design for Vision Loupes	EQ176		**25**		**5**	
89	Fiberopic Exam Light w/ source	EQ170					
90	Suction machine (Gomco)	EQ235					

	A	B	C	H	I	J	K
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68810**		**68810**	
3	**Meeting Date: Sept 17, 2014 Tab: 15 Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Probe Nasolacrimal duct		Probe Nasolacrimal duct	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**
6	**TOTAL CLINICAL LABOR TIME**	**L038A**		**106.0**	**84.0**	**64.0**	**63.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**18.0**	**30.0**	**12.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**34.0**	**0.0**	**25.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**54.0**	**54.0**	**27.0**	**27.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L038A**	**MT/COT/RN/C**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	**L038A**	**MT/COT/RN/C**	**3**	**10**	**0**	**10**
14	Schedule space and equipment in facility	**L038A**	**MT/COT/RN/C**		**5**		**5**
15	Provide pre-service education/obtain consent	**L038A**	**MT/COT/RN/C**	**7**	**7**	**7**	**7**
16	Follow-up phone calls & prescriptions	**L038A**	**MT/COT/RN/C**	**3**	**3**	**0**	**3**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L038A**	**MT/COT/RN/C**	**3**			
22	Obtain vital signs	**L038A**	**MT/COT/RN/C**	**3**			
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies	L038A	**MT/COT/RN/C**				
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	L038A	**MT/COT/RN/C**	**15**		**15**	
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff	L038A	**MT/COT/RN/C**	**3**			
36	Clean Scope						
37	Clean Surgical Instrument Package	L038A	**MT/COT/RN/C**	**10**		**10**	
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L038A	**MT/COT/RN/C**				**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)						
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)						
45	**End: Patient leaves office**						

	A	B	C	H	I	J	K
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68810**		**68810**	
3	**Meeting Date: Sept 17, 2014 Tab: 15 Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Probe Nasolacrimal duct		Probe Nasolacrimal duct	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes	L038A	16				
51	99212 27 minutes	L038A	27	**2**	**2**	**1**	**1**
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**54.0**	**54.0**	**27.0**	**27.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	Ophthalmology visit package w/o dilation	SA050	pack	**3**	**2**	**1**	**1**
60	Betadine cc	SJ041		**5**			
61	Surgical mask w/ face shield	SB034					
62	gown, staff, impervious, disposable	SB027					
63	surgical cap	SB001					
64	gloves, sterile (pair)	SB024		**1**		**1**	
65	shoe co ers (pair)	SB039					
66	Drape, sterile, For Mayo Stand	SB012					
67	Drape, sterile, U	SB015					
68	Drape/cover, sterile, For O.R.Light Handle	SB016					
69	Betadine Swabstick (3 pack)	SJ043		**1**		**1**	
70	Syringe, 5cc	SC057		**1**		**1**	
71	Needle, 18 to 24 gauge	SC029				**1**	
72	Needle 27 to 30 gauge	SC031					
73	Lidocaine 2% w epi Inj 20ml	SH049		**1**			
74	Cocaine 4%, 10cc	SH025					
75	BSS Irrigation 15cc	SH078		**1**		**1**	
76	Gauze, Sterile 4" x 4" (10 pack)	SG056		**1**		**1**	
77	Cotton tip applicators, sterile	SG081		**6**		**6**	
78	Erythromycin ointment (half tube)	SH032		**1**		**1**	
79	Tape, Surgical 1" Width (eg Miropore)/in	SG079					
80	Strabismus eye pads	SG046					
81	Lacrimal tubing or stent	SD179					
82	Afrin nasal spray, 15 cc	SJ037				**1**	
83	Pack, cleaning surgical Instruments	SA043		**1**		**1**	
84	cottonoids	SG031				**3**	
85	**EQUIPMENT**	**CODE**					
86	Screening Lane (# uses)	EL006		**116**	**54**	**42**	**27**
87	Basic Surgical Pack	EQ137		**29**		**25**	
88	Design for Vision Loupes	EQ176		**29**		**15**	
89	Fiberopic Exam Light w/ source	EQ170		**29**		**15**	
90	Suction machine (Gomco)	EQ235					

	A	B	C	L	M	N	O
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68815**		**68815**	
3	**Meeting Date: Sept 17, 2014 Tab: 15 Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent		Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**
6	**TOTAL CLINICAL LABOR TIME**	**L038A**		**131.0**	**84.0**	**108.0**	**90.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**18.0**	**30.0**	**18.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**59.0**	**0.0**	**36.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L038A**	**MT/COT/RN/C**	**54.0**	**54.0**	**54.0**	**54.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L038A**	**MT/COT/RN/C**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	**L038A**	**MT/COT/RN/C**	**3**	**10**	**3**	**10**
14	Schedule space and equipment in facility	**L038A**	**MT/COT/RN/C**		**5**		**5**
15	Provide pre-service education/obtain consent	**L038A**	**MT/COT/RN/C**	**7**	**7**	**7**	**7**
16	Follow-up phone calls & prescriptions	**L038A**	**MT/COT/RN/C**	**3**	**3**	**3**	**3**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L038A**	**MT/COT/RN/C**	**3**		**3**	
22	Obtain vital signs	**L038A**	**MT/COT/RN/C**	**3**		**3**	
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies	L038A	**MT/COT/RN/C**			**2**	
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	L038A	**MT/COT/RN/C**	**40**		**25**	
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff	L038A	**MT/COT/RN/C**	**3**		**3**	
36	Clean Scope						
37	Clean Surgical Instrument Package	L038A	**MT/COT/RN/C**	**10**		**0**	
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L038A	**MT/COT/RN/C**				**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)						
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)						
45	**End: Patient leaves office**						

	A	B	C	L	M	N	O
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68815**		**68815**	
3	**Meeting Date: Sept 17, 2014 Tab: 15 Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent		Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes	L038A	16				
51	99212 27 minutes	L038A	27	**2**	**2**	**2**	**2**
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**54.0**	**54.0**	**54.0**	**54.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	Ophthalmology visit package w/o dilation	SA050	pack	**3**	**2**	**2**	**2**
60	Betadine cc	SJ041		**5**			
61	Surgical mask w/ face shield	SB034		**1**		**1**	
62	gown, staff, impervious, disposable	SB027		**1**		**1**	
63	surgical cap	SB001		**1**		**1**	
64	gloves, sterile (pair)	SB024		**1**		**1**	
65	shoe co ers (pair)	SB039		**1**		**1**	
66	Drape, sterile, For Mayo Stand	SB012		**1**		**1**	
67	Drape, sterile, U	SB015		**1**		**1**	
68	Drape/cover, sterile, For O.R.Light Handle	SB016		**1**		**1**	
69	Betadine Swabstick (3 pack)	SJ043		**1**		**1**	
70	Syringe, 5cc	SC057		**1**		**1**	
71	Needle, 18 to 24 gauge	SC029		**1**		**1**	
72	Needle 27 to 30 gauge	SC031		**1**		**1**	
73	Lidocaine 2% w epi Inj 20ml	SH049		**1**		**1**	
74	Cocaine 4%, 10cc	SH025		**1**			
75	BSS Irrigation 15cc	SH078		**1**		**1**	
76	Gauze, Sterile 4" x 4" (10 pack)	SG056		**1**		**1**	
77	Cotton tip applicators, sterile	SG081		**10**		**10**	
78	Erythromycin ointment (half tube)	SH032		**1**		**1**	
79	Tape, Surgical 1" Width (eg Miropore)/in	SG079		**12**		**12**	
80	Strabismus eye pads	SG046		**2**		**2**	
81	Lacrimal tubing or stent	SD179		**1**		**1**	
82	Afrin nasal spray, 15 cc	SJ037				**1**	
83	Pack, cleaning surgical Instruments	SA043		**1**		**1**	
84	cottonoids	SG031				**3**	
85	**EQUIPMENT**	**CODE**					
86	Screening Lane (# uses)	EL006		**113**	**54**	**90**	**54**
87	Basic Surgical Pack	EQ137		**59**		**54**	
88	Design for Vision Loupes	EQ176		**59**		**54**	
89	Fiberopic Exam Light w/ source	EQ170		**59**		**54**	
90	Suction machine (Gomco)	EQ235				**54**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request – Final Rule for 2014 or Proposed Rule for 2015

January 2015

Implantation of Neuroelectrodes

CMS indicated that a stakeholder raised questions regarding whether codes 64553 and 64555 included the appropriate direct PE inputs when furnished in the non-facility setting. It appears that these inputs have not been evaluated recently and therefore CMS nominated these codes as potentially misvalued for the purpose of ascertaining whether or not there are non-facility direct PE inputs that are not included in the direct PE inputs that are typical supply costs for these services. In September 2014, the RUC recommended that these services be reviewed for direct practice expense only at the January 2015 meeting. However in the Final Rule for 2015, CMS requested that the work and direct PE inputs be reviewed. In order for work and direct PE inputs to be reviewed together the specialty societies indicated they will survey for April 2015. **Therefore, the RUC recommends that survey and practice expense data be presented for CPT codes (64554 and 64555) at the April 2015 RUC Meeting.**

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	010	Specialty Society will survey for April 2015
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	010	Specialty Society will survey for April 2015

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American Society of Anesthesiologists®

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December 11, 2014

Barbara S. Levy, M.D.
Chair, AMA RVS Update Committee
American Medical Association
515 North State Street
Chicago, IL 60610

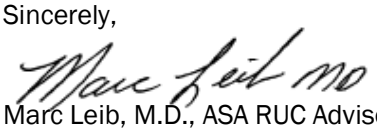
RE: Surveying Codes 64553 and 64555

Dear Dr. Levy:

The American Society of Anesthesiologists, American Association of Neurological Surgeons/Congress of Neurological Surgeons, American Academy of Physical Medicine and Rehabilitation, American Academy of Pain Medicine and North American Spine Society have requested that codes 64553 (Percutaneous implantation of neurostimulator electrode array; cranial nerve) and 64555 (Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) be surveyed and presented for the April 2015 RUC meeting. These codes were noted in the 2015 MPFS Proposed Rule as potentially misvalued due to possible missing direct PE inputs. When presented at the RAW at the September 2014 RUC meeting, we requested and the RUC agreed that only the PE be reviewed for the January 2015 RUC meeting. In the MPFS Final Rule, CMS requested that both the work and the PE be reviewed for 64553 and 64555. Because we were not prepared to survey these codes for the January 2015 meeting, we asked the AMA RUC staff if we could postpone it until the April meeting. RUC staff indicated that this would not be a problem, but asked us to write a formal request.

We look forward to presenting the recommendations for 64553 and 64555 at the April RUC meeting. If you have any questions, please don't hesitate to contact Kim Chisolm at k.chisolm@asahq.org.

Sincerely,



Marc Leib, M.D., ASA RUC Advisor
Richard Rosenquist, M.D., ASA RUC Advisor
Alexander Mason, M.D., CNS RUC Advisor
John Ratliff, M.D., AANS RUC Advisor
Karin Swartz, M.D., NASS RUC Advisor
Kano Mayer, M.D., NASS RUC Advisor
Eduardo Fraifeld, M.D., AAPM RUC Advisor
David Lenrow, M.D., AAPM&R RUC Advisor
Victor Chang, M.D., AAPM&R RUC Alternate Advisor

cc: Sherry Smith
Susan Clark
Maurine Denise
Allison Wexler
Cathy Hill
Jenny Jackson
Sharon Merrick
Emily Hill

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request – Final Rule for 2014 and Final Rule for 2015

January 2015

Echo Guidance for Ova Aspiration

In the Final Rule for 2014, CMS stated, "the Agency believes that the discrepancy in procedure times and the resulting potentially inaccurate payment raises a fundamental concern regarding the incentive to furnish ultrasound guidance. However, CMS believes this concern spans more than just an individual code for ultrasound guidance." Accordingly, CMS has requested additional ultrasound guidance codes as potentially misvalued. CMS is seeking public comment on including these codes as potentially misvalued codes. The specialty societies brought forward an action plan for CPT code 76948 *Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation* at the September 2014 RUC meeting and the RUC recommended that this service be surveyed for work and review direct practice expense inputs at the January 2015 meeting.

76948 *Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation*
CPT Code 76948 is a "CMS other" code that has never been surveyed and the factors that went into valuing this code are not defined. The specialty society notes that current CMS times do not reflect current practice and are inherently flawed. Additionally, the specialty society noted that CPT Code 76948 has an anomalous relationship with other similar ultrasound codes. The physician time, technical skill, site of service and patient severity are similar for codes 76948, 76945 *Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation* (work RVU = 0.67 and 30 minutes total physician time), 76830 *Ultrasound, transvaginal* (work RVU = 0.69 and 23 minutes total physician time) and 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU = 0.85 and 31 minutes total physician time). However, the current value of 0.38 and physician time of 15 minutes for CPT code 76948 is approximately half that of the actual physician work and time required to perform this service and the aforementioned services, causing a rank order anomaly. The RUC agreed that the original valuation of CPT code 76948 was flawed and there is compelling evidence to reconsider this service.

The RUC reviewed survey responses from 86 physicians and determined that the survey 25th percentile work RVU of 0.85 appropriately accounts for the work required to perform CPT code 76948. The RUC recommends: 3 minutes pre-service evaluation time, 25 minutes intra-service time and 3 minutes immediate post-service time. The RUC compared 76948 to MPC codes 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU = 0.85 and 31 minutes total physician time) and 74280 *Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon* (work RVU = 0.99 and 32 minutes total physician time) and noted that these services require similar physician work and time to perform.

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The RUC also compared 76948 to key reference service 76945 *Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation* (work RVU = 0.67) and 76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation* (work RVU = 0.67) and noted both require less physician work. CPT code 76948 requires multiple follicle punctures whereas 76945 and 76942 require one single needle placement. The RUC agreed that 76848 is appropriately valued compared to these reference services. **The RUC recommends a work RVU of 0.85 for CPT code 76948.**

Practice Expense

The RUC reviewed and approved the direct practice expense inputs with the following minor modifications as approved by the Practice Expense Subcommittee:

- In order to avoid confusion and to better describe the work of the clinical staff during the intra-service portion of the service period line 32 was revised to read perform u/s imaging (line 32).
- Two items that are clinical necessary for the procedure were inadvertently overlooked and the PE Subcommittee determined that it was appropriate to add cover-condom, transducer or ultrasound probe (SB005) and guide, needle, for localization (SD087).
- The equipment minute calculation for ultrasound unit, portable (EQ250) was updated to include the appropriate line items.

CPT Code (•New)	**CPT Descriptor**	**Global Period**	**Work RVU Recommendation**
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	XXX	0.85

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76948 Tracking Number Original Specialty Recommended RVU: **0.85**
Presented Recommended RVU: **0.85**
Global Period: XXX RUC Recommended RVU: **0.85**

CPT Descriptor: Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Infertile female patient for whom other methods of treatment for infertility have been exhausted or are not indicated or woman donating ova for use in IVF. Patient has already undergone ovulation induction. Ultrasound guidance is provided for aspiration of multiple follicles.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 36%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 38%

Description of Pre-Service Work: Review any pertinent clinical history. Review any prior applicable imaging studies.

Description of Intra-Service Work: Aquasonic gel is applied and the ultrasound probe is covered with a sterile sleeve. The initial ultrasound examination, which may include evaluation of the uterus (including evaluation of the endometrium), ovaries, cul de sac, and parametrium, is performed and interpreted. Real time ultrasound is performed, identifying the initial follicle and monitoring the advancement of the needle into the follicle. The contents of the follicle are aspirated until the follicle is completely emptied. If needed, the follicle is refilled with media and reaspirated. With ultrasound guidance, the next follicle is identified and the needle advanced into the follicle for aspiration. Once all follicles are aspirated, the probe is removed. A report is dictated for the medical record.

Description of Post-Service Work: Review and sign the final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	George A. Hill, MD				
Specialty(s):	Obstetrics and Gynecology				
CPT Code:	76948				
Sample Size:	1634	**Resp N:** 86	**Response:** 5.2 %		
Description of Sample:	random sample of ASRM members				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	100.00	**123.00**	200.00	600.00
Survey RVW:	0.50	0.85	**1.17**	1.75	6.75
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:					
Pre-Service Scrub, Dress, Wait Time:					
Intra-Service Time:	10.00	20.00	**25.00**	30.00	60.00
Immediate Post Service-Time:	**10.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	_____	99291x	99292x		
Other Hospital time/visit(s):	_____	99231x	99232x	99233x	
Discharge Day Mgmt:	_____	99238x	99239x	99217x	
Office time/visit(s):	_____	99211x	12x	13x	14x 15x
Prolonged Services:	_____	99354x	55x	56x	57x
Sub Obs Care:	_____	99224x	99225x	99226x	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76948	**Recommended Physician Work RVU: 0.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76945	XXX	0.67	**RUC Time**

CPT Descriptor Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76816	XXX	0.85	**RUC Time**	18,302

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74280	XXX	0.99	**RUC Time**	19,378

CPT Descriptor 2 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 27 **% of respondents:** 31.3 **%**

Number of respondents who choose 2nd Key Reference Code: 20 **% of respondents:** 23.2 **%**

TIME ESTIMATES (Median)	**CPT Code:** 76948	**Top Key Reference CPT Code:** 76945	**2nd Key Reference CPT Code:** **99214**
Median Pre-Service Time	3.00	0.00	5.00
Median Intra-Service Time	25.00	30.00	25.00
Median Immediate Post-service Time	3.00	0.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**31.00**	**30.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES *(of those that selected Key Reference codes)*	**Top Key Ref Code**	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.33	0.05
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.63	0.50
Urgency of medical decision making	0.59	1.60
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.63	1.85
Physical effort required	0.70	1.60
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.52	1.65
Outcome depends on the skill and judgment of physician	0.37	1.55

Estimated risk of malpractice suit with poor outcome	-0.11	1.50

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.70	1.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT Code 76948 was captured in the CMS ultrasound screen. CMS has proposed several ultrasound guidance codes as potentially misvalued in Table 12 in the Medicare Fee Schedule. The specialty societies brought forward an action plan for 76948 at the September RUC meeting and the RUC recommended that this service be surveyed for work and review direct practice expense inputs at the January 2015 meeting.

Compelling Evidence
The specialty society is presenting a compelling evidence argument for CPT code 76948. We believe CPT Code 76948 has an anomalous relationship with other similar ultrasound codes. The service time, technical skill, site of service and patient severity are similar within the four codes listed below. The current value of 0.38 for CPT code 76948 causes a rank order anomaly.

CPT Code 76948 is a "CMS other" code that has never been surveyed and the factors that went into valuing this code are vague. The specialty society surveyed this code and have robust survey data from 86 respondents whom all perform the procedures. The current CMS times do not reflect current practice.

Status	CPT Code	CPT Descriptor	Work RVU	Total Time	Pre Time	Intra Time	Post Time
RefCode	76945	*Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation*	0.67	30		30	
MPC	76830	*Ultrasound, transvaginal*	0.69	23	5	10	8
Surveyed	76948	*Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation*	0.85	31	3	25	3
MPC	76816	*Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus*	0.85	31	6	15	10

Pre/Post Time
CPT Code 76948 is an XXX code, therefore the pre/post service packages do not apply. We are recommending 3 minutes of pre time and 3 minutes of post time based on our survey data.

Recommendations
The specialty is recommending 0.85, which is the 25th percentile, supported by the surveyed time and resulting intensity.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. CPT Code 76948 is typically billed with CPT Code 58970.

CPT Code 58970 Follicle puncture for oocyte retrieval, any method has 3.52 work RVUs and a total time of 105 minutes (30 pre, 45 intra and 30 post).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76948

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty obstetrics/gynecology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 13 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This procedure is typically performed in the non Medicare population

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency 0	Percentage 0.00 %	

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76948

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

Tab #25
Tab Number

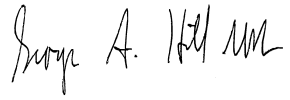
Echo Guidance for Ova Aspiration
Issue

76948
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

George A. Hill, MD
Printed Signature

ACOG
Specialty Society

January 5, 2015
Date

SS Rec Summary

ISSUE: Echo Guidance for Ova Aspiration

TAB: 25

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF #1	76945	Ultrasonic guidance for cho	27	0.022			0.67			30						30			
REF #2	99214	Office or other outpatient v	20	0.047			1.50			40	5					25			10
CURRENT	76948	Ultrasonic guidance for aspiration		#DIV/0!			0.38			0									
SVY	76948	Ultrasonic guidance for asp	86	0.029	0.50	0.85	1.17	1.75	6.75	45	10			10	20	25	35	60	10
REC				0.029			0.85			31	3					25			3

CPT Code: 76948
Specialty Society('s): ACOG

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Period: XXX **Meeting Date:** January 2015

CPT Long Descriptor:

CPT Code 76948 *Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation*

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

ACOG convened an expert panel of physicians familiar with ultrasonic guidance for the aspiration of the ova. The panel reviewed the RUC physician work survey data and the existing PE inputs for CPT Code 76948. The consensus panel is putting forth these direct practice expense recommendations based on their expertise, the information reviewed and the PE subcommittee governing principles.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 76948 is an existing code, currently priced in the office setting. As such, we have included the existing direct practice expense inputs as a reference on the PE spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are recommending a switch from non-sterile to sterile gloves.

The specialty society is recommending maintaining clinical labor time at 100% of the intra physician time for intra service/acquire images. However, because the physician time increased it has resulted in an increase in actual minutes for the intra service/acquire images portion of these PE inputs.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:
Prepare U/S equipment
Assist physician
Clean U/S equipment

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G
1	**REVISED**			**REFERENCE CODE**		**Recommendations**	
2	**Meeting Date:** January 2015 **Tab:** 25 Echo Guidance for Ova Aspiration **Specialty:** Obstetrics and Gynecology			**76948**		**76948**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever**	**CMS Code**	**Staff Type**	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation		Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**15**	**0**	**30**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L050B**	**DMS**	**15**	**0**	**30**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	Availability of prior images confirmed						
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist						
19	*Other Clinical Activity - *specify:*						
20	**End: When patient enters office/facility for surgery/procedure**						
21	**SERVICE PERIOD**						
22	**Start: When patient enters office/facility for surgery/procedure:**						
23	Greet patient, provide gowning, ensure appropriate medical records are available						
24	Obtain vital signs						
25	Provide pre-service education/obtain consent						
26	Prepare room, equipment, supplies	L050B	DMS	2		2	
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ monitor patient/ set up IV						
29	Sedate/apply anesthesia						
30	*Other Clinical Activity - specify:						
31	**Intra-service**						
32	Perform U/S Imaging	L050B	DMS	10		25	
33	**Post-Service**						
34	Monitor pt. following moderate sedation						
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
36	Clean room/equipment by physician staff	L050B	DMS	3		3	
37	Clean Scope						
38	Clean Surgical Instrument Package						
39	Complete diagnostic forms, lab & X-ray requisitions						
40	Review/read X-ray, lab, and pathology reports						
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page						
43	Review examination with interpreting MD						
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue						
45	*Other Clinical Activity - *specify:*						
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
49	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1	**REVISED**			**REFERENCE CODE**		**Recommendations**	
2	**Meeting Date:** January 2015 **Tab:** 25 Echo Guidance for Ova Aspiration **Specialty:** Obstetrics and Gynecology			**76948**		**76948**	
3	**Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever**	**CMS Code**	**Staff Type**	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation		Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
50	**POST-SERVICE Period**						
51	**Start: Patient leaves office/facility**						
52	Conduct phone calls/call in prescriptions						
60	*Other Clinical Activity - *specify:*						
61	**End: with last office visit before end of global period**						
62	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
63	pack, minimum multi-specialty visit	SA048	pack				
64	gloves, non-sterile	SB022		1			
65	ultrasound transmission gel	SJ062		60		60	
66	disinfectant spray (Transeptic)	SM012		10		10	
67	sanitizing cloth-wipe (patient)	SM021		2		2	
68	gloves, sterile	SB024				1	
69	cover-condom, transducer or ultrasound probe	SB005	item			1	
70	guide, needle, for localization	SD087	item			1	
71	**EQUIPMENT**	**CODE**					
72	ultrasoun unit, portable	EQ250		15		30	
73							
74							
75							
76							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2014 and January 2015

Excision of Nail Bed

In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with >1.5 office visits and 2012 Medicare utilization data over 1,000. CPT codes 11750 and 11752 were identified by the RAW 010-day global post-operative visit screen with more than one post-op visit identified in the database. The RUC requested these services be surveyed for work and review the practice expense for the September 2014 RUC meeting.

11750 ***Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;***
The HCPAC reviewed the survey results from 83 podiatrists. The HCPAC determined that the survey 25th percentile work RVU of 1.99 for CPT code 11750, which is 20% less than the current work RVU, is appropriate. The HCPAC compared 11750 to key reference code 10061 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level* (work RVU = 2.45 and intra-service time of 25 minutes) and determined that 10061 requires more work and time. The HCPAC requested and the specialty society agreed to remove 2 minutes of pre-service evaluation time. The HCPAC referenced MPC codes 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single leve*l (work RVU = 1.90) and 64479 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single leve*l (work RVU= 2.29) and determined the survey 25th percentile work RVU of 1.99 appropriately accounts for work and time to perform this service. As additional support, the HCPAC compared 11750 to other recently reviewed codes with 15 minutes of intra-service time and recently reviewed codes with similar intra-service work intensity and determined that a work RVU of 1.99 is an appropriate relative value. **The HCPAC recommends a work RVU of 1.99 for CPT code 11750.**

11752 ***Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx***
The American Podiatric Medical Association (APMA) submitted a request and the HCPAC agreed to table CPT code 11752 until the January 2015 RUC meeting. This allowed the specialties that perform this service to determine whether code 11752 should be deleted or requires some other CPT action which could include a RUC survey with all physicians and health care professionals that perform this service. In January 2015, the APMA submitted a letter to the HCPAC review board indicating that the code be referred to the CPT Editorial Panel. In discussions with other specialties (orthopedic surgery and hand surgery), it was determined that this code should correctly be reported for crush injuries of the tip of a digit, requiring removal of nail and amputation of bone. **The RUC HCPAC Review Board recommends that code 11752 be sent to CPT for clarification and revision to reflect current practice and correct coding.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Practice Expense

The HCPAC accepted the direct practice expense inputs as approved by the PE Subcommittee.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	010	1.99
11752	with amputation of tuft of distal phalanx	010	Refer to the CPT Editorial Panel

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APMA
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100 YEARS OF ADVANCING PODIATRIC MEDICINE
1912-2012

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January 6, 2015

William J. Mangold, Jr, MD
Chair, RUC Health Care Professionals Advisory Committee Review Board
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: Tab 28 – 11752 Excision of Nail Bed with Amputation

Dear Dr. Mangold,

Code 11752 *Excision of nail and nail matrix, partial or complete (e.g., ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx* was identified by the RAW 010-Day Global Post-Operative Visit Screen with more than one postop office visit in the RUC database.

We had previously requested that review of code 11752 be tabled until the January 2015 meeting. Our expert panel initially determined that code 11752 should be deleted, as it does not reflect current practice for podiatrists. In discussions with other specialties (orthopedic surgery and hand surgery), it was determined that this code should correctly be reported for crush injuries of the tip of a digit, requiring removal of nail and amputation of bone.

We request that code 11752 be sent to CPT for clarification and revision to reflect current practice and correct coding.

If you have questions or concerns about this information, please contact Mr. Scott L. Haag, JD, MSPH, Department of Health Policy and Practice, at (301) 581-9233. Thank you for consideration of this request.

Sincerely,

Timothy H. Tillo, DPM
APMA Advisor to the HCPAC

cc: Anthony Hamm, DC
Barbara Levy, MD
Sherry Smith

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:11750 Tracking Number Original Specialty Recommended RVU: **1.99**
Presented Recommended RVU: **1.99**
Global Period: 010 RUC Recommended RVU: **1.99**

CPT Descriptor: Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 27-year-old female undergoes the partial excision of nail and matrix for permanent removal of an ingrown toenail in office (assumes block administered by surgeon).

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 1% , In the ASC 1%, In the office 98%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review chart and update medical history including current medications and allergies. Examine patient including evaluation of neurovascular status of the digit, along with a dermatologic examination. Discuss operative risks and benefits and obtain informed consent. Verify that all supplies and equipment for the procedure are available. Position the patient supine with foot stabilized. Prep and drape the operative site. Scrub and gown. Perform surgical time out. Ethyl chloride is applied prior to administering digit block to 2 dorsal and 2 plantar nerves. Apply digital tourniquet.

Description of Intra-Service Work: The ingrown nail border is freed, and then the medial or lateral quarter of the nail is gently lifted from the nail bed. Next, the nail is divided to a point several millimeters proximal to the eponychium with care not to injure the eponychium itself. Underlying matrix that may still be attached is removed with a scalpel. The nail fragment is then grasped with a hemostat and pulled out with a twisting motion toward the remaining nail. Phenol is applied for a total of 90 seconds with 3 separate 30 second applications using sterile applicators. Alcohol is then applied to neutralize the phenol and the matrixectomy is completed, assuring the nail matrix is totally removed. The tissue exposed by nail removal is then gently debrided. The tourniquet is removed. Hemostasis is achieved.

Description of Post-Service Work: Antibiotic ointment and a sterile dressing are applied. The patient's neurovascular status is assessed. Written orders for pain medicine and homecare instructions (eg, dressing changes, bathing and weight-bearing activity) are provided and explained to the patient. Procedure notes are dictated for the medical chart, with copy to referring provider and/or PCP. At the postop office visit, the wound is assessed for infection, debridement of any necrotic tissue is completed, and the wound is redressed. Homecare instructions are modified and explained to the patient. Procedure and evaluation notes are dictated for the medical chart, with copy to referring provider and/or PCP.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Timothy Tillo, DPM				
Specialty(s):	APMA				
CPT Code:	11750				
Sample Size:	348	**Resp N:** 83	**Response:** 23.8 %		
Description of Sample:	random membership sample				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	1.00	30.00	**90.00**	125.00	520.00
Survey RVW:	1.22	1.99	**2.45**	2.79	4.09
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	10.00	**15.00**	15.00	30.00
Immediate Post Service-Time:	**7.00**				
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**			
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**			
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**			
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**			
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**			
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**			
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	11750	**Recommended Physician Work RVU: 1.99**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	16.00	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
10061	010	2.45	**RUC Time**

CPT Descriptor Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	873,545

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64479	000	2.29	**RUC Time**	39,640

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 27.7 **%**

TIME ESTIMATES (Median)	CPT Code: 11750	Key Reference CPT Code: 10061	Source of Time
Median Pre-Service Time	25.00	16.00	
Median Intra-Service Time	15.00	25.00	
Median Immediate Post-service Time	7.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	16.0	32.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**63.00**	**83.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.70	2.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.39	3.22
Urgency of medical decision making	2.43	2.52
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.91	2.91
Physical effort required	2.91	3.04
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.87	3.39
Outcome depends on the skill and judgment of physician	3.61	3.48
Estimated risk of malpractice suit with poor outcome	3.09	3.00

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.26	3.26
Intra-Service intensity/complexity	3.70	3.48

Post-Service intensity/complexity	3.04	3.04

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

BACKGROUND

Code 11750 was identified by the RAW 010-Day Global Post-Operative Visit Screen with more than one postop office visit in the RUC database. Code 11750 has been flagged to indicate 11750 is not be used to validate physician work as the HCPAC determined that the specialty did not have compelling evidence to justify a change in the work RVU. Additional support that the RUC database details are not related to the current work RVU is the fact that the current IWPUT is 0.007 which is inconsistent with a surgical procedure. In addition, the Harvard data from a survey of 12 general surgeons included only one postop office visit.

RECOMMENDATION

We recommend a work RVU of 1.99 which is the survey 25th percentile and is 20% less than the current work RVU. This recommendation is based on a review of the survey data and comparison to other codes.

Pre-Time

The Medicare 5% file indicates an office E/M is reported 49.8% of the time with 11750, however, the typical patient is not Medicare-aged and the expert panel agrees that an E/M would not typically be performed when considering patients of all ages, most of which are not Medicare-aged. When patients are referred to a podiatrist for an ingrown toenail, the first visit will typically be for evaluation and instructions for nonsurgical management. If nonsurgical management does not resolve the problem and nail plate removal is required, an E/M will not be reported in conjunction with 11750. In addition, in current practice it is not typical to perform an unscheduled surgical procedure when a patient is seen for a clinic appointment. The procedure will almost always be scheduled for a future date. Based on this discussion, we believe that package pre-time should not be reduced.

Pre-Time Package 6a is appropriate. *6a: Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect.* Two minutes have been added to positioning time to account for supine positioning and the additional work to stabilize both legs and position the operative leg for clear access to the operative site and surgical instruments.

Key Reference Comparison

KRS 10061 *Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple* requires more work related to draining, packing, and follow-up care when compared with 11750 and is appropriately valued higher than the recommendation for 11750.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	SD-POST	OV
11750	Remove nail bed	1.99	0.058	63	25	15	7	1
10061	I&D skin abscess	2.45	0.039	83	16	25	10	2

MPC Comparison

There are not many recently reviewed MPC codes with 15 minutes of intra-service time. We have selected codes 64483 and 64479, which were reviewed in 2009. Although these codes have a 0-day global assignment, the day of procedure pre/intra/post-times are similar to 11750. The only difference is the postop office visit. The 30-50% higher IWPUT for the injection codes is justified by the intensity of injecting into the spine.

RUC	CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	SD-POST	OV
2009	64483	Inj foramen l/s	1.90	0.082	49	24	15	10	0
	11750	Remove nail bed	1.99	0.058	63	25	15	7	1
2009	64479	Inj foramen c/t	2.29	0.108	49	24	15	10	0

Comparison of Total Physician Work and Intra-service Intensity

When considering magnitude estimation and comparison of total work and intra-service work between codes and across specialties, other low work RVU codes that have been recently reviewed by the RUC support a work RVU of 1.99 for code 11750.

The table below provides recently reviewed codes with a 15 minute intra-service time and similar same-day pre/post times. Although these codes do not include a postop office visit (even the two codes that have a 10-day global period), their work RVUs closely bracket the recommendation for 11750.

RUC	CPT	Descriptor	GLOB	RVW	IWPUT	Tot Time	PRE	INTRA	POST	OV
2012	**43201**	Esoph scope w/submucous inj	000	1.80	0.070	52	27	15	10	0
2011	**15275**	Skin sub graft face/nk/hf/g	000	1.83	0.083	45	20	15	10	0
2012	**64615**	Chemodenerv musc migraine	010	1.85	0.093	35	15	15	5	0
2013	**64617**	Chemodener musc larynx	010	1.90	0.095	36	16	15	5	0
	11750	Remove nail bed	010	1.99	0.058	63	25	15	7	1
2010	**69801**	Incise inner ear	000	2.06	0.100	43	18	15	10	0
2013	**43235**	Egd diagnostic brush wash	000	2.17	0.091	54	27	15	12	0
2010	**92960**	Cardioversion electric ext	000	2.25	0.101	51	21	15	15	0
2013	**43239**	Egd biopsy single/multiple	000	2.47	0.111	54	27	15	12	0

The table below provides codes with the same IWPUT as 11750 (0.058). Although the global period assignment and work-RVU varies, the intra-service intensity/complexity of this set of codes is similar. We cannot speak to code 62284, but we are familiar with performing biopsies and complex repair and agree that the intra-service intensity for the other three codes is similar to 11750.

RUC	CPT	Descriptor	GLOB	RVW	IWPUT	Tot Time	PRE	INTRA	POST	OV
2011	**40490**	Biopsy of lip	000	1.22	0.058	34	14	15	5	0
2010	**62284**	Injection for myelogram	000	1.54	0.058	49	24	15	10	0
	11750	Remove nail bed	010	1.99	0.058	63	25	15	7	1
2012	**13101**	Cmplx rpr trunk 2.6-7.5 cm	010	3.50	0.058	82	11	45	10	1
2012	**13131**	Cmplx rpr f/c/c/m/n/ax/g/h/f	010	3.73	0.058	92	16	45	15	1

SUMMARY

- Code 11750 is tagged in the RUC database as “do not use to validate physician work” because the survey data was not accepted by the HCPAC; the work RVU was not increased during the first 5YR process based on lack of compelling evidence and the Harvard-based work RVU was maintained.
- The typical patient is not Medicare-aged.
- The typical patient will not have an E/M service reported on the same date as the procedure.

- The survey median work RVU is inconsistent with the intensity and complexity of this procedure, therefore the survey 25th percentile work RVU of 1.99 is recommended. This value is 20% less than the current work RVU.
- A work RVU of 1.99 is bracketed by MPC codes when comparing total physician work.
- A work RVU of 1.99 is bracketed by other recently reviewed codes when comparing total physician work.
- A work RVU of 1.99 is bracketed by other recently reviewed codes when comparing intra-service physician work intensity.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 11750

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 220,223 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013(early) Medicare data per RUC database

Specialty podiatry Frequency 205400 Percentage 93.26 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 11750

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	AG	AH	AI	AJ	AK
3	**ISSUE: Excision of Nail Bed**																									
4	**TAB: 26**																									
5						**RVW**					**Total**	**Pre**	**PRE-TIME**			**INTRA-TIME**					**IMMD**	**Office**				
6	**Source**	**CPT**	**DESC**	**Resp**	**IWPUT**	MIN	25th	MED	75th	MAX	Time	Pkg	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	**POST**	**15**	**14**	**13**	**12**	**11**
7	**KEY-REF**	**10061**	Incision and drainage of abscess (eg,	**23**	**0.039**			**2.45**			**83**		8	3	5			25			10				**2**	
8	**DNU***	**11750**	Excision of nail and nail matrix, partial		**0.007**			**2.50**			**81**		10					15			10			**2**		
9	**SVY**	**11750**	Excision of nail and nail matrix, partial	**83**	**0.073**	**1.22**	**1.99**	**2.45**	**2.79**	**4.09**	**73**		**25**	**5**	**5**	**5**	**10**	**15**	**15**	**30**	**7**				**1**	
10	**REC**	**11750**	**25th pctl RVW**		**0.058**			**1.99**			**63**	**6A**	17	3	5			15			7				**1**	
11																										
12	* Do not use to validate physician work.																									

26
Tab Number

Excision of Nail Bed
Issue

11750-11752
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Timothy H. Tillo, DPM
Printed Signature

American Podiatric Medical Association
Specialty Society

August 25, 2014
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
FACILITY Direct Inputs

CPT Long Descriptor:
11750 Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;

Global Period 010 Meeting Date: 09/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An APMA expert panel reviewed the current PE details for 11750, updating clinical staff time using standards and adjusting supplies and equipment to reflect current practice.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Code 11750 is not typically performed in a facility. When a facility is required, it is usually due to comorbidities requiring facility support. In these instances, phone calls between physician clinical staff and insurance / facility staff will be necessary. We are recommending one phone call for each of these activities: complete pre-service diagnostic & referral forms; coordinate pre-surgery services; and schedule space and equipment in facility. In addition, one phone call is made to the patient to confirm which medications to continue or stop and to reinforce appropriate shoes to wear and the need for assistance returning home.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Supplies and Equipment: Some of the supplies/equipment have been deleted or adjusted to account for work at POV.

	SUPPLIES AND EQUIPMENT EDITS FOR POSTOP VISIT ONLY WHEN PROCEDURE PERFORMED IN A FACILITY			
		2002 PEAC	2014 REC	Changes to Current PE Inputs
58	**MEDICAL SUPPLIES****			
60	pack, minimum multi-specialty visit	**2**	**1**	Decrease: only one POV
65	gloves, sterile		**1**	Add: 1 for physician for POV debridement
83	underpad 2ft x 3ft (Chux)		**1**	Add: for POV during debridement
94	bacitracin oint (0.9gm single use)		**1**	Add: replaces supply in row 95 – for POV dressing change
95	silver sulfadiazene cream (Silvadene)	**0.5**		Delete
97	bandage, elastic, self-adherent wrap 1in (Coban)		**1**	Add: replaces supply in row 98 – for POV dressing change
98	bandage, Kling, non-sterile 2in	**1**		Delete

	SUPPLIES AND EQUIPMENT EDITS FOR POSTOP VISIT ONLY WHEN PROCEDURE PERFORMED IN A FACILITY			
		2002 PEAC	2014 REC	Changes to Current PE Inputs
107	**EQUIPMENT**			
108	light, exam	**72**	**27**	Reduced: =G55
109	table, power	**72**	**27**	Reduced: =G55

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: Code 11750 is not typically performed in a facility. When a facility is required, it is usually due to comorbidities requiring facility support. In these instances, phone calls between physician clinical staff and insurance / facility staff will be necessary. We are recommending one phone call for each of these activities: complete pre-service diagnostic & referral forms; coordinate pre-surgery services; and schedule space and equipment in facility. In addition, one phone call is made to the patient to confirm which medications to continue or stop and to reinforce appropriate shoes to wear and the need for assistance returning home.

Service (day of procedure) Clinical Labor Activities: Standard 6 minutes for same day discharge.

Post-Service Clinical Labor Activities: Assist physician during office visit including positioning patient, setting up supplies and equipment for debridement and dressing change

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non-Facility (OFFICE) Direct Inputs

CPT Long Descriptor:
11750 Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;

Global Period 010 Meeting Date: 09/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An APMA expert panel reviewed the current PE details for 11750, updating clinical staff time using standards and adjusting supplies and equipment to reflect current practice.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Clinical Staff Time:

- Row 23: This activity that was previously assigned to pre-service time has been reduced and moved to day of procedure.
- Row 30: Fifteen minutes represents 100% assist physician. This is a sterile procedure that includes injections, instruments, and solutions. The clinical staff that assists will need to be available throughout the procedure.
- Row 37: The development of cleaning time and cleaning supplies was added after this code was reviewed in 2002.

Supplies and Equipment: We have organized the supplies into different categories to assist review. Some of the supplies/equipment have been deleted; some have been updated to account for debridement at POV; some have been corrected (eg, change one size syringe to a different size).

SUPPLIES AND EQUIPMENT EDITS FOR DAY OF PROCEDURE AND POSTOP VISIT WHEN PERFORMED IN AN OFFICE SETTING				
ROW		**2002 PEAC**	**2014 REC**	**Changes to current PE inputs**
	MEDICAL SUPPLIES**			
59	***PATIENT***			
60	pack, minimum multi-specialty visit	**3**	**2**	Decrease: 1 for procedure and 1 for POV
61	slippers, paper	**3**		Delete
62	***STAFF***			
63	gown, staff, impervious	**2**	**2**	No change

SUPPLIES AND EQUIPMENT EDITS FOR DAY OF PROCEDURE AND POSTOP VISIT WHEN PERFORMED IN AN OFFICE SETTING				
ROW		**2002 PEAC**	**2014 REC**	**Changes to current PE inputs**
64	mask, surgical, with face shield	**2**	**2**	No change
65	gloves, sterile	**2**	**3**	Increase: 1 for physician & staff for procedure and 1 for physician for POV
66	cap, surgical	**2**		Delete
67	scrub brush (impregnated)	**3**		Delete
68	***DRAPE***			
69	drape, sterile, fenestrated 16in x 29in	**1**	**1**	No change
70	drape, sterile, for Mayo stand	**1**	**1**	No change
71	drape-towel, sterile 18in x 26in	**2**		Delete
72	***ANESTHETIC***			
73	ethyl chloride spray	**1**	**1**	No change
74	needle, 18-27g	**2**	**1**	Decrease: only Marcaine is typical
75	syringe 5-6ml		**1**	Add: replaces supplies in rows 76 and 77
76	syringe 20ml	**1**		Delete
77	syringe w-needle, OSHA compliant (SafetyGlide)	**1**		Delete
78	swab-pad, alcohol	**2**	**2**	No change, for Marcaine top and for injection sites
79	bupivacaine 0.25% inj (Marcaine)	**10**	**10**	No change
80	lidocaine 1%-2% inj (Xylocaine)	**10**		Delete: only Marcaine is typical
81	***PROCEDURE***			
82	penrose drain (0.25in x 4in)	**1**	**1**	No change: used for tourniquet
83	underpad 2ft x 3ft (Chux)		**2**	Add: protection for solution spills and blood
84	applicator, cotton-tipped, non-sterile 6in	**3**		Delete: replaced with sterile applicators
85	applicator, cotton-tipped, sterile, 6in		**4**	Increase: 3 for phenol and 1 for alcohol
86	phenol, liquified, USP		**2**	Add: typical for matrixectomy
87	alcohol ethyl 100%		**2**	Add: used to dilute phenol
88	sodium chloride 0.9% flush syringe	**1**		Delete: irrigation not performed
89	blade, surgical 64,65,67 (Beaver)		**1**	Add: replaces supply in row 91
91	scalpel with blade, surgical (#10-20)	**1**		Delete
92	gauze, sterile 4in x 4in (10 pack uou)	**1**	**2**	Increase: used for procedure and for POV
93	***DRESSING***			
94	bacitracin oint (0.9gm single use)		**2**	Add: replaces supply in row 95 – for both procedure and POV
95	silver sulfadiazene cream (Silvadene)	**1**		Delete
96	dressing, 3in x 3in (Adaptic)	**1**	**2**	Increase: for both procedure and POV
97	bandage, elastic, self-adherent wrap 1in (Coban)		**2**	Add: replaces supply in row 98 – for both procedure and POV
98	bandage, Kling, non-sterile 2in	**1**		Delete
99	steri-strip (6 strip uou)	**2**		Delete

SUPPLIES AND EQUIPMENT EDITS FOR DAY OF PROCEDURE AND POSTOP VISIT WHEN PERFORMED IN AN OFFICE SETTING				
ROW		**2002 PEAC**	**2014 REC**	**Changes to current PE inputs**
100	***CLEANUP***			
101	pack, cleaning, surgical instruments		**1**	Add: for cleaning basic pack
102	***MISC***			
103	suture, nylon, 3-0 to 6-0, c	**1**		Delete
104	kit, suture removal	**1**		Delete
105	cautery, monopolar, electrode, needle	**1**		Delete
105	cautery, patient ground pad w-cord	**1**		Delete
107	**EQUIPMENT**			
108	light, exam	**107**	**54**	Reduced: =+F24+F26+F27+F30+F34+F35+F38+F40+F55
109	table, power	**107**	**54**	Reduced: =+F24+F26+F27+F30+F34+F35+F38+F40+F55
110	instrument pack, basic ($500-$1499)		**27**	Add: Replaces row 112 =+F24+F26+F27+F30+F34+F35+F37+F38+F40
111	mayo stand		**27**	Add: needed for instruments and solutions =+F24+F26+F27+F30+F34+F35+F38+F40
112	instrument pack, medium ($1500 and up)	**35**		Delete
113	electrocautery-hyfrecator, up to 45 watts	**35**		Delete

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: The patient is called to confirm which medications to continue or stop and to reinforce appropriate shoes to wear.

Service (day of procedure) Clinical Labor Activities: All minutes are at or below standard.

	2002 PEAC	**2014 REC**
SERVICE PERIOD		
Start: When patient enters office/facility for surgery/procedure:		
Greet patient, provide gowning, ensure appropriate medical records are available *(Reduced to current standard time)*	**5**	**3**
Obtain vital signs	**3**	**3**
Provide pre-service education/obtain consent *(Moved from pre-service period)*		**2**
Prepare room, equipment, supplies *(set up sterile instruments and solutions)*	**3**	**2**
Prepare and position patient/ monitor patient/ set up IV *(assist position / pad patient legs, drape, set up anesthetic supplies)*	**2**	**2**
Sedate/apply anesthesia *(application of ethyl chloride and assist with digital block of four nerves)*	**3**	**2**
Intra-service		
Assist physician in performing procedure *(100% - sterile procedure)*	**10**	**15**
Post-Service		
Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation) *(double task while cleaning room)*		**0**

Clean room/equipment by physician staff	**3**	**3**
Clean Surgical Instrument Package *(standard for basic pack)*		**10**
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**3**	**3**

Post-Service Clinical Labor Activities: Assist physician during office visit including positioning patient, setting up supplies and equipment for debridement and dressing change

	A	B	C	D	E	F	G
1				PEAC 2002		Recommend	
2				11750		11750	
3	**Meeting Date: September 2014** **Tab: 26** **Specialty: APMA**	**CMS Code**	**Staff Type**	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;		Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**117**	**108**	**73**	**45**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**10**	**30**	**3**	**12**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**35**	**6**	**43**	**6**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**72**	**72**	**27**	**27**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**3**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**10**		**3**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**5**		**3**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**7**	**7**		
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**5**		**3**	
22	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**3**	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**0**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**3**		**2**	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**	
27	Sedate/apply anesthesia	L037D	RN/LPN/MTA	**3**		**2**	
29	**Intra-service**						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**10**		**15**	
32	**Post-Service**						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA				
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**	
37	Clean Surgical Instrument Package	L037D	RN/LPN/MTA			**10**	
38	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**3**			
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**	
41	*Other Clinical Activity - *specify:*	L037D	RN/LPN/MTA				
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**6**	**n/a**	**6**
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27			**1**	**1**
52	99213 36 minutes		36	**2**	**2**		
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**	L037D	RN/LPN/MTA	**72**	**72**	**27**	**27**
57	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1				PEAC 2002		Recommend	
2				11750		11750	
3	**Meeting Date: September 2014** **Tab: 26** **Specialty: APMA**	**CMS Code**	**Staff Type**	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;		Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	***PATIENT***						
60	pack, minimum multi-specialty visit	SA048	pack	**3**	**2**	**2**	**1**
61	slippers, paper	SB040	pair	**3**			
62	***STAFF***						
63	gown, staff, impervious	SB027	item	**2**		**2**	**0**
64	mask, surgical, with face shield	SB034	item	**2**		**2**	**0**
65	gloves, sterile	SB024	pair	**2**		**3**	**1**
66	cap, surgical	SB001	item	**2**			
67	scrub brush (impregnated)	SM023	item	**3**			
68	***DRAPE***						
69	drape, sterile, fenestrated 16in x 29in	SB011	item	**1**		**1**	**0**
70	drape, sterile, for Mayo stand	SB012	item	**1**		**1**	**0**
71	drape-towel, sterile 18in x 26in	SB019	item	**2**			
72	***ANESTHETIC***						
73	ethyl chloride spray	SJ025	oz	**1**		**1**	**0**
74	needle, 18-27g	SC029	item	**2**		**1**	**0**
75	syringe 5-6ml	SC057	item			**1**	**0**
76	syringe 20ml	SC053	item	**1**			
77	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	**1**			
78	swab-pad, alcohol	SJ053	item	**2**		**1**	**0**
79	bupivacaine 0.25% inj (Marcaine)	SH021	ml	**10**		**10**	**0**
80	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**10**			
81	***PROCEDURE***						
82	penrose drain (0.25in x 4in)	SG067	item	**1**		**1**	**0**
83	underpad 2ft x 3ft (Chux)	SB044	item			**2**	**1**
84	applicator, cotton-tipped, non-sterile 6in	SG008	item	**3**			
85	applicator, cotton-tipped, sterile, 6in	SG081	item			**4**	**0**
86	phenol, liquified, USP	SH088	ml			**2**	**0**
87	alcohol ethyl 100%	SL154	ml			**2**	**0**
88	sodium chloride 0.9% flush syringe	SH065	item	**1**			
89	blade, surgical 64,65,67 (Beaver)	SF008	item			**1**	**0**
90	blade, surgical (Bard-Parker)	SF007	item			**1**	**1**
91	scalpel with blade, surgical (#10-20)	SF033	item	**1**			
92	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**	**1**	**2**	**1**
93	***DRESSING***						
94	bacitracin oint (0.9gm single use)	SJ007	item			**2**	**1**
95	silver sulfadiazene cream (Silvadene)	SH064	gm	**1**	**0.5**		
96	dressing, 3in x 3in (Adaptic)	SG034	item	**1**	**1**	**2**	**1**
97	bandage, elastic, self-adherent wrap 1in (Coban)	SG014	item			**2**	**1**
98	bandage, Kling, non-sterile 2in	SG017	item	**1**	**1**		
99	steri-strip (6 strip uou)	SG074	item	**2**			
100	***CLEANUP***						
101	pack, cleaning, surgical instruments	SA043	pack			**1**	**0**
102	***MISC***						
103	suture, nylon, 3-0 to 6-0, c	SF036	item	**1**			
104	kit, suture removal	SA031	kit	**1**			
105	cautery, monopolar, electrode, needle	SF018	item	**1**			
106	cautery, patient ground pad w-cord	SF021	item	**1**			
107	**EQUIPMENT**	**CODE**					
108	light, exam	EQ168		**107**	**72**	**54**	**27**
109	table, power	EF031		**107**	**72**	**54**	**27**
110	instrument pack, basic ($500-$1499)	EQ137				**34**	**0**
111	mayo stand	EF015				**27**	**0**
112	instrument pack, medium ($1500 and up)	EQ138		**35**	**0**		
113	electrocautery-hyfrecator, up to 45 watts	EQ110		**35**	**0**		